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ABSTRACT

In 1993 the Minnesota Legislature provided funding to establish local collaborative initiatives to integrate services and improve outcomes for children and families. This report is based on the individual outcome reports mandated for the 24 collaboratives that first received implementation grants in 1995 or 1996. Information from a variety of sources is reported in the categories of child and family health, family functioning, school performance, youth development, and organizational and systemic change. Improvements have been noted in each of these areas. Collaboratives have been focusing their educational efforts on such things as improved school attendance and increased graduation rates. The first two appendixes discuss core outcomes and performance indicators and the collaborative data-based decision-making process. The third appendix contains the 2-year outcome reports for the 24 collaboratives. (Contains 10 references.) (SLD)

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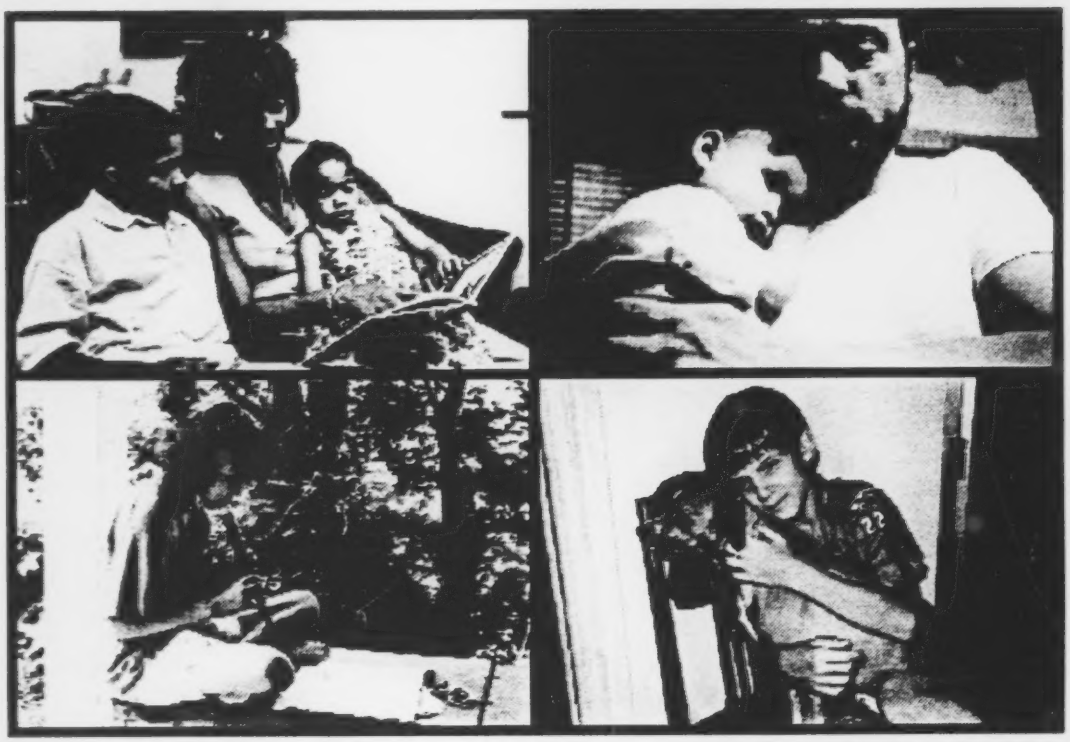

Minnesota Family Service Collaboratives

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Minnesota Family Service Collaboratives

1998 Outcome Reports

Acknowledgements

In 1993 the Minnesota Legislature provided funding to establish local collaborative initiatives to integrate services and improve outcomes for children and families. This legislation also required each family service collaborative site to submit a report to the Children's Cabinet describing the extent to which the collaborative achieved its targeted outcomes. This report is based on individual outcome reports for 24 collaboratives that first received implementation grants in late 1995 or 1996. A number of staff from the University of Minnesota provided assistance to collaboratives in the development of evaluation plans and the preparation of their reports. Patricia S. Seppanen and Marijo Wunderlich served as co-project directors. Gayle Zoffer and Jeanette Colby served as report editors and coordinated the editorial process with each of the collaborative sites. Tom Helfman handled the transfer of this report to the CAREI website (http://carei.coled.umn.edu). Reports prepared by collaboratives in 1996 and 1997 are also available via the CAREI website.

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TABLE OF CONTENTS

Executive Summary 1

History of the Collaborative Initiative in Minnesota 1
Approach to Evaluation 4
Performance Trends 5
Future Evaluation Work 18

Appendix A: Core Outcomes and Performance Indicators 21

Appendix B: Collaborative Data-Based Decisionmaking Process 27

Appendix C: 1998 Two-Year Outcome Reports 31

Aitkin County Family Services Collaborative 33
Beltrami Area Services Collaborative 38
Chisago County Family Services Collaborative 57
Clay County Family Services Collaborative 63
Crow Wing County Family Services Collaborative 77
Family Services Collaborative of Faribault and Martin Counties 83
Freeborn County Family Services Collaborative 90
Houston County Family Services Collaborative 103
Jackson County Family Services Network 110
PACT 4 Families Collaborative (Kandiyohi, Meeker, Renville & Yellow Medicine Counties) 120
Morrison County Family Services Collaborative 127
Nobles County Family Connections Collaborative 134
North Suburban Ramsey County Communities Collaborative 142
FACES (Family Action Collaborative of Olmsted County) 149
Pennington County Family Services Collaborative 158
Pine County Family Services Collaborative 161
Polk-Marshall Counties Family Services Collaborative and Children's Mental Health Collaborative 167
Roseville Area Family Services Collaborative 179
Sibley County Family Services Collaborative 186
FamiLink (South Hennepin Family Services Collaborative) 194
St. Croix Valley Collaborative 204
Todd County Family Services Collaborative 212
Watonwan Family Services Collaborative 218
Wright County Family Services Collaborative 227

Executive Summary

History of the Collaborative Initiative in Minnesota

Family Services Collaboratives were initiated by the Minnesota Legislature and the Governor in 1993. They were to be designed as "locally-driven service delivery partnerships that help communities come together to improve results for Minnesota's children and families" (Minnesota Department of Children, Families and Learning, 1998, p. 7).

Since 1993 collaborative designation and/or grants for implementation have been available to communities that develop a comprehensive plan to integrate and improve services to children and families.[1] These relatively small financial incentives (about $100,000-$200,000 per site) are intended to stimulate better coordination of services at the community-level and system reforms that will result in an increase in the number and percentage of babies and children who are healthy, children who come to school ready to learn, families able to provide a healthy and stable environment for their children, and children who excel in academic skills.[2]

The collaborative grant program is a joint effort of the state agencies that make up the Minnesota Children's Cabinet: the Departments of Children, Families, & Learning, Health, Human Services, Corrections, Economic Security, Transportation, Finance, Public Safety, and Administration; the Housing Finance Agency; and Minnesota Planning.

Also in 1993, state legislation was passed to facilitate the development of local children's mental health collaboratives to assist communities to target services for better outcomes. Currently, 21 local Children's Mental Health Collaboratives, representing 30 counties, have been recognized by the Children's Cabinet. Fourteen of the 21 are integrated with their Family Services Collaborative.

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[1] At about the same time, Minnesota became involved in an effort of the Pew Charitable Trust, which funded the Minnesota Children's Initiative. Three collaborative sites were selected to receive funds over a three-year period. The Children's Initiative Partners focused their initial work on four outcomes for children ages 0-6 and their families: Improved child health, adequate child development, reduced barriers to adequate school performance, and adequate family functioning and stability.

[2] State dollars are enhanced by federal reimbursements to collaboratives through the Local Collaborative Time Study. Time study results are used by the MN Department of Human Services to calculate federal reimbursement (Medical Assistance and Title IV-E).

Minnesota's collaborative initiatives are founded on three key themes related to systems reform heard repeatedly in the 1990s:

1. **INTERAGENCY COLLABORATION.** The general concept of organizational collaboration or partnerships describes a variety of efforts intended as (a)an approach to the delivery of services; (b)an attempt to develop community-level linkages among independent organizations; (c)an attempt to reform organizations and the larger systems in which they operate; and/or (d)governmental attempts to develop and manage more coherent, efficient, public policies. The phrase *interagency collaboration* has come to be defined as a planned relationship between two or more organizations that facilitates the accomplishment of shared or negotiated goals that the individuals, or organizations could not accomplish alone. The complex, multidimensional nature of this concept makes it extremely difficult to evaluate.

2. **A RESULTS-ORIENTATION.** A focus on outcomes allows and encourages people to think about the results they are trying to achieve rather than the procedures they must comply with (Schorr, 1995). In a 1996 publication, the Minnesota Department of Human Services contrasted a bureaucratic approach to a more results-oriented approach to service management:

Bureaucratic Approach	Results-Oriented Approach
1. Services-oriented	1. Outcomes-oriented
2. Rules & regulations drive action	2. Desired client changes drive actions
3. Top-down decisionmaking	3. Collaborative decisionmaking
4. Standardized programs/uniform models	4. Individualized programs/diverse models
5. Rigidity in implementation	5. Flexibility to attain outcomes
6. Management by controlling inputs	6. Management by attaining results
7. Accountability by monitoring delivery processes and reporting on inputs, activities and numbers served	7. Accountability by monitoring outcomes and reporting actual accomplishments compared to desired results
8. Risk taking discouraged	8. Incentives to take risks
9. Focus on administration	9. Focus on management/leadership
10. Perceived as self-serving	10. Perceived as serving clients

A results-oriented approach for community-based collaboratives, then, focuses on the "bottom-line" condition of all children, youth, and families in communities (not just a particular sub-population), with results being dependent on efforts of more than one agency or group.

At the same time, Minnesota collaboratives continue to exist in an era of categorical funding. As particular initiatives are considered (even funding for the collaboratives, themselves), legislators continue to ask: "What can we expect if we fund this

initiative (e.g., expanded funding for before/after school care, funding for initiatives focused on the prevention of delinquency, etc.)? Why should we fund *this* initiative versus *that* initiative?" And, as pointed out by Carol Weiss (1995), there are several short-comings of relying only on community-wide results-oriented data:

- Data that are community-wide rates reflect the condition of the entire population of the community, not just those who are affected by the initiative's work. These indicators are difficult to move, and lack of change does not necessarily mean that nothing good is happening.

- Any changes that show up in the data are not necessarily due to the initiative. Many things go on in communities other than the intervention. It will be difficult to justify giving initiatives the credit (or blame) for changes (or no changes) on outcome indicators.

- We know little about how soon change can be expected to occur. This lack of knowledge makes interpretation of indicators chancy.

- One of the key features of community-based initiatives is their belief that it is vital to include individuals and neighborhoods in the evaluation process in order to help the community as a whole. But few data collected by state agencies may be disaggregated and examined at the neighborhood level.

3. **A STRENGTHS- OR ASSETS-BASED APPROACH.** As part of broader system reform efforts to improve outcomes for children and families, national organizations such as the Family Resource Coalition, the Center for Youth Development and Policy Research, and the Search Institute are working to infuse promotional outcomes and indicators into how states, communities, and programs measure their progress. Promotional indicators, as contrasted with deficit indicators, are defined as ". . . an array of measures of the well-being of children, youth, families, and communities that focus on positive growth, functioning, and development that contribute to long term results" (Minnesota STATES Initiative, 1998). Proponents of a strengths or assets-based approach believe that "problem-free does not mean fully prepared." There must be an equal commitment to helping children, youth, and families understand life's challenges and responsibilities and to developing the necessary skills to succeed (Pittman & Fleming, 1991).

   Given that statewide systems of data collection regarding children, youth, and families have historically focused heavily on deficit-based indicators, communities are challenged to bring a strengths- or assets-based approach to being accountable for results. Most communities remain dependent upon existing statewide systems for their data and just do not have the capacity to launch new efforts that better reflect this philosophical shift from deficit to promotional thinking.

Approach to Evaluation

The original Minnesota legislation for the Family Service and Community-Based Collaboratives stated that within two years of receiving an implementation grant, each collaborative would submit a report to the Children's Cabinet describing the extent to which the collaborative had achieved locally identified outcomes.

Since January 1995 the University of Minnesota has been working with the Department of Children, Families, & Learning to design and implement an evaluation system for Minnesota's collaborative initiatives. Starting in 1997, the work has centered on:

- A continuing commitment to a "locally-driven" change process that is out come-focused. At the same time, we are learning that it is not feasible for collaboratives to launch comprehensive data collection efforts related to their performance and the status of children, youth and families in their communities. The 62 Family Service Collaboratives have therefore reached consensus on a set of core outcomes and indicators and rely as much as possible on accessing available community-wide data for planning and evaluation. Individual collaboratives may, however, elect to include a subset of these indicators in their two-year outcome report and/or report on additional performance indicators that reflect their work.

- Building the capacity of collaborative sites to engage in strategic planning that includes a focus on examining the status of children, youth, and families in terms of the core outcomes and indicators.

- Building statewide consensus on the components of an integrated service system and presenting these components in a self-study tool for use by collaborative sites. Components of an integrated service system include: Decisionmaking, Planning, Integrated Funding, Information Management and Communication, Staff Training and Support, Public Awareness and Advocacy, and Delivery of Integrated Services. Quality attributes of an integrated system include services that are: Comprehensive, Family-Focused, Individualized, Culturally Relevant, Community-Based, and Accessible. This self-study tool will be incorporated into periodic strategic planning efforts of a site.

- Initiating a process for members of each collaborative focus team (organized by key policy issue: service delivery, finance, governance, and evaluation) to raise barriers and issues that are then be documented and "passed up the line" for discussion and action by the Interagency Policy Group.

Current evaluation efforts related to the Family Service Collaboratives are built around a decision-making model that has five major steps:

1. Examine the status of the community on a set of core outcomes for children, youth, and families;

2. Identify "red flags" related to the condition of children, youth, and families;

3. Work collaboratively to address identified "red flags by identifying best practices, planning cooperative efforts, allocating new funding or resources, and reallocating existing funds or resources;

4. Develop and implement collaborative work plans that may be system-wide or initiative-specific;

5. Formatively evaluate any plans implemented (may involve a number of cycles of reformulation and evaluation).

Thus, the collaboratives are being asked to both focus on community-wide reporting on core outcomes and performance indicators *and* the evaluation of particular collaborative initiatives.

Since Family Services Collaboratives have been established gradually, 11 collaboratives prepared two-year outcome reports in 1996, 12 reported in 1997, and 24 are reporting in 1998. The remaining collaboratives are expected to report in subsequent years based on when they received their first implementation grant.

Performance Trends

Family Service Collaborative outcomes and performance indicators reported in 1998 group into the following categories: child and family health, family functioning, school performance, youth development, and organizational and systemic change.[3] Collaboratives reporting has focused on:

- A mix of outcomes and performance indicators related to the "bottom-line condition" of all children, youth, or families in their jurisdiction and evaluation data related to particular collaborative initiatives (serving a subgroup of the general population);

[3] Performance indicators related to increasing participation rates in programs and services related to four categories of outcomes (child and family health, family functioning, school performance, and youth development) have been grouped under organizational and systems change. please note that performance indicators focusing on increasing participation rates in programs and services to promote child development (a fifth category of outcomes) are also included in organizational and systems change.

- Reporting both baseline data (in anticipation of tracking change in future years) and available trend data reflecting results to date; and
- Specifying performance indicators for which data are not yet available—representing a commitment to initiate data collection strategies in future years.

Trends in 1998 reporting and highlights of results are summarized for each outcome category on the pages that follow.

Child and Family Health

The health of children, youth, and families is basic to their well-being and optional development. A number of Minnesota collaboratives are focusing their efforts on key health-related areas and demonstrating tangible results for their efforts:

Increased percentage of children who receive age-appropriate immunizations. (7 sites)

Decreased percentage of infants who are born with health and environmental risks (4 sites)

Improved new parent knowledge of child development (2 sites)

Improved client and family satisfaction and functioning of children with SED/EBD and their families (1 site)

Highlights

- Between 1992 and 1996, the percentage of children fully immunized by age 2 increased from 56% to 66% in Polk County and from 62% to 64% in Marshall County. (Polk-Marshall Family Services Collaborative)

- In 1996-97, 45% of children living in Freeborn County were fully immunized at 20 months. If 90% of the children enrolled in a collaborative initiative (Healthy Families) are fully immunized at 20 months, it will positively impact this statistic. (Freeborn County Family Services Collaborative)

- Improvement in vaccination levels were achieved in Todd County over the last three years. The largest gain of 8% was seen at the 6 month old stage. We continue to be concerned that some children are still not receiving their immunizations on schedule, especially during the second year of life. Efforts focused on tracking and follow-up of children will help improve vaccination at later stages though the full implementation of our Immunizations Registry. (Todd County Family Services Collaborative)

- Between 1992-93 and 1996-97, the percentage of children between the ages of 4 months and 20 months receiving age-appropriate immunizations increased at each of the five Minnesota goal points (from 1% at 4 months of age to 13% at 20 months of age). (Morrison County Family Services Collaborative)

- Between 1990 and 1996, the percentage of infants born with the following health and environmental risks decreased in Polk and/or Marshall Counties: % with mothers not receiving prenatal care during the first trimester, % with mothers receiving no prenatal care, % with mothers smoking during pregnancy, % of children born at low birth weight. (Polk-Marshall Family Services Collaborative)

Family Functioning

Minnesota collaboratives have made a commitment to promoting positive growth, functioning, and development that contribute to long term results for children and youth as well as focusing their efforts on critical issues that must be addressed on a community-wide basis. At this time, however, collaboratives are hampered in their ability to report more performance on more promotional indicators due to an historic focus of state and federal agency data collection systems on deficit-based indicators. Key performance indicators being tracked at this time include:

Decreased child maltreatment or cases of substantiated child abuse and neglect (5 sites)

Improved family functioning and stability (5 sites)

Decreased rate of teenage pregnancy (5 sites)

Decreased number of children in out-of-home placements (4 sites)

Increased the number of parents and children who report having strong, positive, nurturing relationships with each other (2 sites)

Reduced frequency and number of custody disputes going to court (1 site)

Improved self-reported self-esteem of children (1 site)

Reduced percentage of families who cite transportation as a barrier to accessing Crisis Nursery Services (1 site)

Improved literacy of parents (1 site)

Highlights

- Through the integrated plan currently in place, we now have the capability to maintain out-of-home placement data involving all plan partners, including placement days by program, and cost of care by program on a quarterly basis. These coordinated data were unavailable prior to this quarter. Baseline data for the first quarter of 1998 show there were 118 children in out-of-home placements. (Family Services Collaborative of Faribault & Martin Counties)

- Between 1994 and 1997, the number of births to adolescents ages 13-17 decreased from 20 to 10. (Freeborn County Family Services Collaborative)

- In 1997, 82% of the children and families participating in the PACT 4 family school, camp, or school-based counseling reported having good self-esteem; in 1998, 94% of the participants reported having good self-esteem. (PACT 4 Families Collaborative of Kandiyohi, Meeker, Renville, and Yellow Medicine Counties)

- Between 1996 and 1997, the number of out-of-home placements in the county declined from 85 to 64. (Nobles County Family Connections Collaborative)

- Mothers and fathers whose babies are at risk of maltreatment met or exceeded performance targets in the following areas: children free from maltreatment; children demonstrate social, emotional, gross/fine motor, language development within normal limits or receive follow-up services for specialty care; mothers working toward educational/vocational goals; mothers residing in safe and suitable housing; mothers having adequate income and financial management skills to meet the needs of daily living. (Family Action Collaborative of Olmsted County)

- Beginning in the spring of 1996, parents, school personnel and community agencies came together to address the needs of children with challenging behaviors. Parents were provided the opportunity to learn information, skills and gain support in their effort to raise their challenging children in the most positive and beneficial way. In 1996-97, 108 parents participated in strategic planning courses (with a 7% dropout rate). Parents completing the course reported significant improvement in their relationship with their child (ren) and an increase in the frequency of use and effectiveness of parenting strategies as compared to a group of 20 similar parents who had not participated in the course. (St. Croix Valley Collaborative)

School Performance

Minnesota has made great strides in recent years in implementing statewide student testing programs and data collection related to key indicators associated with school success. Collaboratives are focusing their efforts on a number of key areas:

Improved school achievement (4 sites)

Improved the number and percentage of eligible students who graduate from high school (3 sites)

Improved school behavior and attendance (2 sites)

Increased rate of students on the Honor Roll (1 site)

Reduced truancy (1 site)

Reduced long term special education placements (1 site)

Highlights

- Baseline data in 1998 indicate that 21 students participating in mentoring relationships experienced 3 school behavior reports, 41 days of absence, 3 truancy petitions, and 13 suspensions prior to starting the program. Data will again be reported after students have been in the program for 12 months (Freeborn County Family Service Collaborative)

- In Winter 1997, participants in the Girls' High Risk Groups and the Adolescent Mothers Group at White Bear Lake South High School showed noticeably high rates of achieving a place on the second quarter Honor Roll: 50% of the 18 High Risk Group participants achieved the A or B Honor Roll during the quarter while they were in the group and 42% of the 12 participants in the Adolescent Mothers' Group achieved the A or B Honor Roll. Although grades prior to enrollment in these groups were not documented, the criterion for entering the group included an opinion on the part of school personnel that the applicant was a high risk for dropping our or failing school. (North Suburban Ramsey County Communities Collaborative)

- Of 11 participants in an Anger Management Group at White Bear Middle School, 10 reported the group helped them to maintain or improve their school attendance. One participant reported that since being in the group, decreased chemical use. (North Suburban Ramsey County Communities Collaborative)

- Baseline data in 1997-98 for each school district participating in the collaborative reported students scoring "proficient" or better on the Minnesota comprehensive assessments in reading, mathematics, and writing (grades 3 and 5) and students "passing the Minnesota basic skills tests in reading, mathematics, and writing (grades 8 and 10). Data will reported each year, allowing the collaborative to evaluate trends. (Polk-Marshall Family Services/Children's Mental Health Collaborative)

- Students participating in an alternative learning program who were provided with information on health and nutrition, mental health services, and chemical health services reported in a survey: the information helped them make good choices and understand more about their sexuality, nutrition, and health care (21% of respondents); helped them understand, control or make good choices related to their self-esteem, feelings, emotions and overall control of their lives (66% of the students who worked on mental health issues); helped them understand and make good choices about the use of chemicals (33% of the students seeking assistance for drug/alcohol abuse); helped them access services that they would not have done on their own (90% of the respondents). (St. Croix Valley Collaborative)

- During the past two years, 147 students received services through the Truancy Intervention Project. At the same time, the Washington County Attorney's office has seen a significant decrease in the number of youth petitioned to court because of truancy: court petitions were done 17% in 1996-97. (St. Croix Valley Collaborative)

- The percentage of Delano students scoring "proficient" or better on the Minnesota basic skills test in reading has increased from 72% in 1996 to 80% in 1998; during the same years, the percentage of Howard Lake/Waverly/Winsted students scoring "proficient" or better has increased from 69% to 78% in mathematics and 57% to 67% in reading. (Wright County Family Services Collaborative)

Youth Development

Youth development, in particular, is a priority area for a number of Minnesota's collaboratives. Communities are working collaboratively to both help children and youth to understand life's challenges, develop the necessary skills to succeed, and reduce at-risk or negative behaviors. Collaboratives are evaluating their performance in the following areas:

Improved self-reported protective factors and assets in youth (7 sites)

Increased youth participation in community leadership and service activities (3 sites)

Decreased percentage of youth who report at-risk or negative behaviors (3 sites)

Increased number and percentage of teens reporting abstinence from sexual activity (2 sites)

Increased number of juvenile offenders who pay restitution, complete community service hours and obtain employment (1 site)

Reduced recidivism among juvenile offenders (1 site)

Highlights

- In 1996, youth in Morrison County averaged 16.5 assets out of a possible 30 as measured by the Search Institute's Profile of Study Life Survey. A follow-up survey is planned for 2001. (Morrison County Family Service Collaborative)

- At this time, the Community Youth Mentorship program is assessing youth assets at six month intervals. Participating youth (42 mentees) rate the degree to which each asset is present in their lives. On average, youth report an increase in the following assets: commitment to learning, positive values, social competencies, and positive identity. (Family Action Collaborative of Olmsted County)

- As of April 1998, 42 youth offenders paid $9,438 in restitution and completed 1,975 hours of community service; 21 (51%) of the youth are employed and 20 of these cases are now closed. (Family Action Collaborative of Olmsted County)

- In 1996-97 students (kindergarten through grade 12) completed 13,408 hours of community service; in 1997-98 the total number of hours completed increased by 39% to 18,360 hours. (Nobles County Family Connections Collaborative)

- Between 1992 and 1995, 9th and 12th grade students from Polk and Marshall Counties self-reported marginal declines in the following at-risk or negative behaviors: physical or sexual abuse, family alcohol abuse, sexual activity, and fighting; self-reported at-risk or negative behaviors staved about the same or increased in the following areas: attempted suicide, smoking, use of alcohol. (Polk-Marshall Family Services/Children's Mental Health Collaborative)

- A unique public-private partnership implemented the Youth Leadership Academy during the 1996-97 school year that brings together academic educators with employers in a "school within a school" environment. In addition to developing specific job skills, sessions promote asset building among participants with activities focused on technology, leadership, communications, and working with others. The project provides youth with the skills that will serve them well in an ever changing employment market. (Sibley County Family Services Collaborative)

- In the communities of Howard Lake/Waverly/Winsted, number of youth (elementary/middle & junior high/high school) involved in intergeneration activities and or community service activities has increased more than 100% (from 245 to 519 students per year) from 1994-95 to 1996-97. (Wright County Family Services Collaborative)

Organizational and Systemic Change

The area of organizational and systemic change is a primary focus of collaborative work. Major accomplishments to date that are substantiated with data include outcomes related to:

Planning and Decisionmaking

Creation of governance structures, advisory groups, and task teams (4 sites)

Establishment of interagency agreements (3 sites)

Increased participation of service consumers on collaborative taskforces and governance groups (1 site)

Increased assessment of family needs on a community-wide basis (1 site)

Increased percentage of parents who participate in formulating their child's plan of care (1 site)

Delivery of services

Improved participation rates for particular services and activities or increased participation of particular sub-populations in available services and activities (e.g., after-school programs, summer programs for children and youth, student success seminars, universal home visiting, early referral to appropriate agencies for needed services, early childhood education programs, child care services, social work services and school-based counseling, school nursing services, parenting classes, family-based sexuality education programs, childbirth education classes, youth mentoring programs, fun parent-child activities, family literacy programs, community-based support programs, enrichment classes, maternal child health clinics, WIC clinics, child and teen health check-up services) (16 sites)

Co-location or coordination of services (8 sites)

Improved quality of (or satisfaction with) services from the perspective of consumers (7 sites)

Increased use of a universal intake process and/or collaborative plan of care with children, youth, or families (5 sites)

Increased use of a wraparound process for service delivery (4 sites)

Increased agreement between service providers and families regarding the types of services available in the community (1 site)

Increased trust and confidence among families, service providers, and service delivery systems (1 site)

Decreased number of families who "fall through the cracks" in the service system (1 site)

Increased number of organizations that incorporate a developmental asset building approach into their policies, curriculum, guidelines, funding criteria, and approach to working with youth and families (2 sites)

Increased proportion of employees working directly with children, youth, and families who belong to a minority group that reflects the background of the individuals being served (1 site)

Improved access to transportation for classes, activities and services (1 site)

Information management and communication

Increased awareness, communication (both about services/programs and client information), and/or resource sharing among partner agencies (7 sites)

Improved access to information by consumers about available services (5 sites)

Staff training and support

Increased opportunities for cross training and inter-organizational staff development (4 sites)

Funding of services

Increased amounts of available funds shifted into an integrated fund and under control of the collaborative board (5 sites)

Highlights

- The Family Services Collaborative Advisory Committee, Children's Mental Health Collaborative Advisory Committee, and a Coordinated Family Services Work Group: Developed and implemented a unitary case management approach, designed common points of entry for families to coordinate services and referrals, encouraged the establishment of a flexible fund and criteria for dispersion of funding for the basic needs of families. (Clay County Family Services Collaborative)

- To date, 27 providers 9out of approximately 100 organizations) have signed a Memorandum of Understanding and are committed to providing service coordination. (South Hennepin Family Services Collaborative)

- The City of Albert Lea, Independent School District 241, and Freeborn County signed a Joint Powers Agreement in June 1996. This document gives FSCSC its governance structure for decisionmaking and ongoing operation. In 1999, FSFSC will focus on encouraging the remaining school districts in the county to become part of the Joint Powers Board. (Freeborn County Family Services Collaborative)

- Ground broken for a Community Service Center ($6.7 million project) to co-locate 11 agencies in June 1997. (Beltrami Area Services Collaborative)

- We have added children in need of protection, children with developmental disabilities, child welfare clients, and children with complex needs to the mental health clients served with one collaborative plan of care (CPC). The number of children served via a CPC has increased from 155 in 1997 to an estimated 469 in 1999 737. (PACT 4 Collaborative of Kandiyohi, Meeker, Renville, and Yellow Medicine Counties)

- In 1995-96, two agencies provided educational opportunities for parents; in 1997-98, parents could choose from at least 10 opportunities available from different agencies and groups. (Jackson County Family Services Network)

- We collaborated with the Cuyuna Regional Medical Center to develop a Universal Home Visiting Program for all new families that delivered babies at their facility; through July 1998, the first year of the program, 25 referrals were made. (Crow Wing County Family Services Collaborative)

- The Friends of the Family program has been implemented in three of the four collaborative communities. As of September 1998, 23 infants and 36 new parents had been visited. (Houston County Family Services Collaborative)

- 95% of the families surveyed in 1995-96 agreed or strongly agreed with the statement: *The people working with my child and/or family treat me as a partner when they develop services for my child and/or family.* (Chisago County Family Services Collaborative)

- A randomly selected sample of families using the FamiLink Resource Center in 1997-98 were surveyed to determine their level of satisfaction with services. Baseline findings indicate: 87% of the respondents were generally satisfied with resource center services; 78% felt resource centers made it easier for people to find resources; 91% said they would recommend the resource enter to a friend or family member; 76% said they were connected to the resources they wanted; 83% of the participants who recalled receiving a follow-up service said it was helpful. (South Hennepin Family Services Collaborative)

- The first edition of the Resource Directory with a toll free number was distributed to 500 providers and consumers; the second edition's distribution increased to 4,500 providers and consumers. (Morrison County Family Service Collaborative)

- The revenues in the integrated fund have increased significantly. In 1995-96, the Family Services Grant and partner contributions totaled $78,000; with additional revenues from a Children's Trust Fund Grant, local collaborative time study, donations and contributions, children's mental health funds, wraparound funds, mental health screening, and small counties/TEFRA, the integrated fund has increased to $389,608 in 1998-99. (Jackson County Family Services Network)

- Between 1996 and 1998, the PACT 4 integrated fund balance (not including inkind contributions) increased from $183,418 to $1,093,737. (PACT 4 Collaborative of Kandiyohi, Meeker, Renville, and Yellow Medicine Counties)

- Between 1996 and 1997 resources available to agencies through an integrated fund increased from $155,000 to $308,528. (Nobles County Family Connections Collaborative)

- Between 1996 and 1998, the collaborative integrated fund increased by 20.3% from $47,249 to $56,840. (Watonwan County Family Services Collaborative)

Future Evaluation Work

Minnesota's collaborative initiatives have fully embraced the concepts of working in partnership to improve results for children and families, adopting a results-oriented approach to planning and evaluation, and infusing a strengths-based perspective to being accountable for results. In order to effectively evaluation their work related to systems reform, family service collaboratives are focusing their effort in the coming year on:

- Developing efficient strategies to get county- and school district-based performance data into the hands of local collaboratives.
- Working with their communities to issue outcome-focused community progress reports that draw from the core list of outcomes and perfor mance indicators. Minnesota's collaboratives will use trend data related to the indicators in strategic planning and reporting progress to the public.
- Establishing expectations for how collaborative funded initiatives serving particular subgroups of children, youth, and families will evaluation their performance in terms of participation rates, consumer satisfaction, short-term outcomes for participants, and established core outcomes and indicators.
- Developing strategies to systematically collect data related to the strengths-based performance indicators currently not included in state agency data collection systems.

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Appendix A

Minnesota Family Service Collaboratives
Core Outcomes and Performance Indicators as of July 1998

■ ***Outcome: Families and communities provide a safe and stable environment for all children and youth.***

Indicators	Data Source
Rate of teenage pregnancy (younger than 18 years of age).	DPH
Number and rate of cases of substantiated child maltreatment.	DHS
Number and proportion of children placed in out-of-home service settings.	DHS
Number and proportion of children who receive home-based or community-based mental health services.	DHS
Number and rate of children who have experienced multiple placements prior to family reunification or permanent placement.	Not Available

■ ***Outcome: All families are supported by their communities.***

Indicator	Data Source
Percent of expectant and new parents supported by their families and communities.	Not Available

■ ***Outcome: All families have adequate economic resources to appropriately provide for their children.***

Indicator	Data Source
Percent of children living in households below the poverty line.	DES/DCFL

■ ***Outcome: All children and families are healthy and well nourished.***

Indicators	Data Source
Rate of infant mortality.	DPH
Percent of children who are immunized on an appropriate schedule.	DPH DCFL
Percent of children and families covered by health insurance.	DPH
Percent of children who receive regular child examinations and anticipatory guidance, diagnosis, maintenance, and treatment services.	Not Available
Percent of children with previously undetected vision and hearing problems at time of entry into kindergarten.	DCFL
Percent of infants born with health and environmental risks such as later or no prenatal care, low maternal weight gain, smoking during pregnancy, alcohol use during pregnancy, 3 or more older siblings, or closely spaced births.	DPH
Percent of children who receive their primary care and education from adults who are committed and emotionally connected to them.	Not Available
Percent of women who receive appropriate prenatal care and anticipatory guidance, diagnosis, and treatment services.	DPH

■ ***Outcome: All parent and child relationships are supportive.***

Indicators	Data Source
Percent of families with parenting knowledge and skills to anticipate and meet the developmental needs of their children.	Not Available
Percent of parents who take positive action to support the expectations they have for their children's success.	Not Available
Percent of families who participate together in physically, emotionally, spiritually or intellectually stimulating activities.	Not Available

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■ ***Outcome: Children and youth make academic progress and achieve competencies in school.***

Indicators	Data Source
Rate of school attendance	DCFL
Rate of students dropping out of school	DCFL
Percent of 3rd graders scoring "proficient" or better on statewide reading & math tests	DCFL
Percent of 5th graders scoring "proficient" or better on statewide reading & math tests	DCFL
Percent of 8th graders passing the statewide graduation test in math, reading, & writing	DCFL
Rate of high school graduation	DCFL
Rate of school suspensions and expulsions	DCFL

Indicators that appear in italics have also been adopted by MN Children's Mental Health Collaboratives

Minnesota Children's Mental Health Collaboratives
Goals and Performance Indicators as of May 1997

Goal: Reduction of placements into out-of-home settings, due to SED/EBD.

Indicators	Population	Data Source
Reduction in the number of children placed in out-of-home service settings, per 10,000 population.	All children	DHS
Reduction in the number of children placed in out-of-home service settings, per 100 clients	MH clients	DHS
Reduction in the number of total days that children live in out-of-home per placement settings,10,000 population.	All children	DHS
Reduction in the number of total days that children live in out-of-home placement settings, per 100 clients.	MH clients	DHS
Reduction in the number of children receiving inpatient mental health treatment, per 10,000 population.	All children	DHS
Reduction in the number of children receiving inpatient mental health treatment, per 100 clients	MH clients	DHS
Reduction in the number of total days that children spend in inpatient treatment settings, per 10,000 population.	All children	DHS
Reduction in the number of total days that children spend in inpatient treatment settings, per 100 clients.	MH clients	DHS
Reduction in the number of children who receive residential treatment (Rule 5), per 10,000 population.	All children	DHS
Reduction in the number of children who receive residential treatment 9 (Rule 5), per 100 clients.	MH clients	DHS
Reduction in the number of total days of residential treatment (Rule 5), per 10,000 population.	All children	DHS
Reduction in the number of total days of residential treatment (Rule 5), per 100 clients	MH clients	DHS

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Increase in the number of children who receive home-based or community-based services, per 10,000 population.	All children	DHS
Increase in the number of children who receive home-based or community-based services, per 100 clients.	MH clients	DHS
Increase in the amount of MH expenditures used for home-based or community-based services, per 10,000 population.	All children	DHS
Increase in the amount of MH expenditures used for home-based or community-based services, per 100 clients.	MH clients	DHS
Increase in the proportion of clients who show reduced severity of suicide risk.	MH clients	Collab

Goal: Improved functioning of children with SED/EBD and their families

Indicators	Population	Data Source
Increase in the attendance rate among clients enrolled in public school	MH clients	DHS/DCFL
Increase in the proportion of clients who are enrolled in non-restrictive instructional settings	MH clients	DHS/DCFL
Reduction in the rate of felony charges against clients.	MH clients	Collab
Reduction in the rate of misdemeanor charges against clients.	MH clients	Collab
Increase in the proportion of adolescent services grant clients showing improved scores on violence measure.	MH clients in program	Collab
Increase in the proportion of clients showing improved level of functioning scores.	MH clients	Collab
Increase in the proportion of client families showing improved functioning scores.	MH clients	Collab

Goal: Reduced clinical symptoms of emotional disturbance among children with SED/EBD.

Indicator	Population	Data Source
Increase the proportion of clients showing improved clinical symptoms since start of service episode.	MH clients	Collab

Goal: Client and family satisfaction with services.

Indicator	Population	Data Source
Increase in the proportion of clients and families showing improved program satisfaction scores.	MH clients	Collab

Indicators that appear in italics have also been adopted by MN Family Service Collaboratives.

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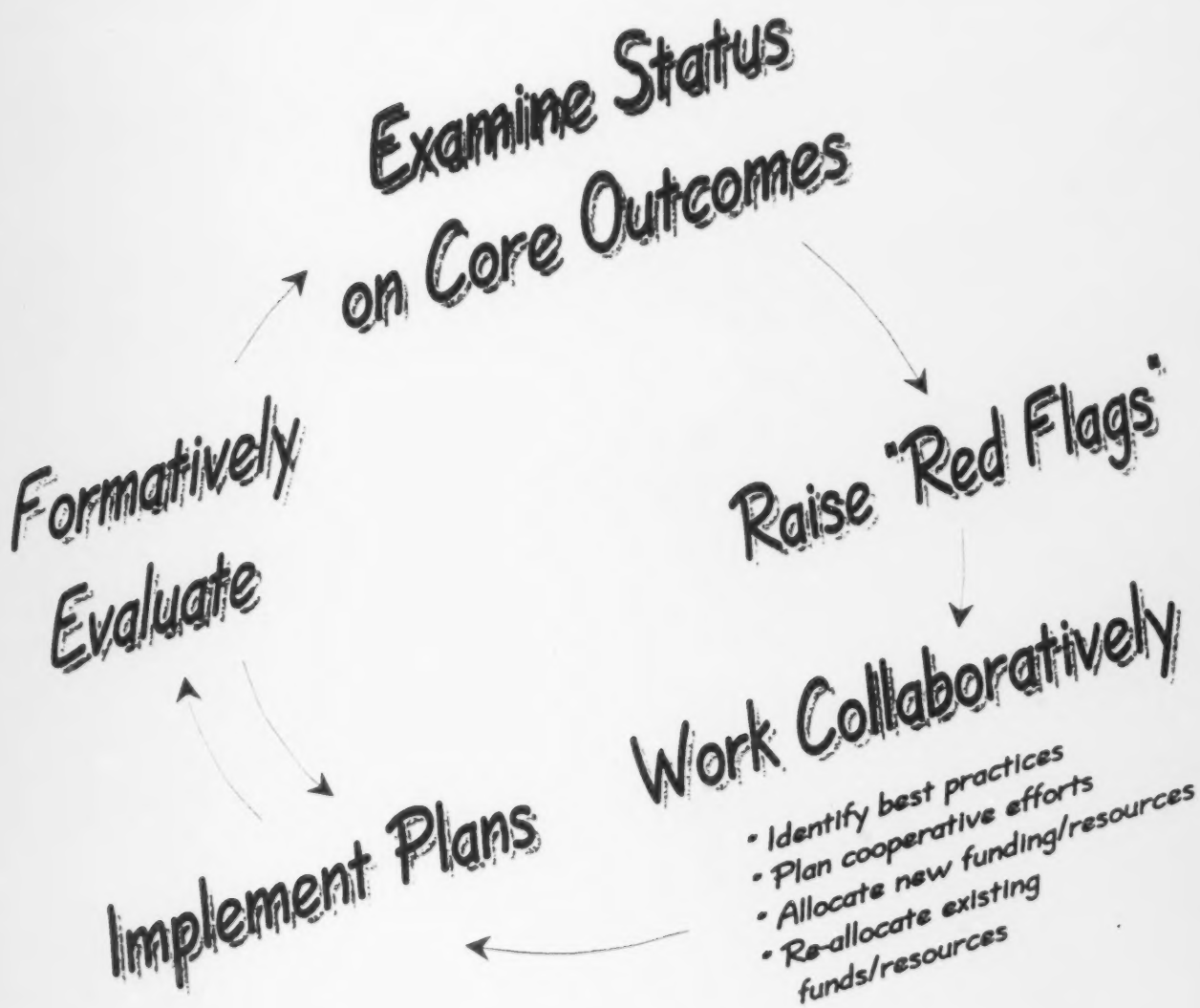
Appendix B

Collaborative Data-based Decisionmaking Process

1998



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Appendix C

Two Year Outcome Report

Aitkin County
Family Services Collaborative

SETTING

Aitkin County is a large county covering 1,995 square miles and ranking tenth in size within the state. It has a sparse, rural population and three major population centers which make it difficult for people from outlying areas to access services. The City of Aitkin, the county seat, is located in the southwest corner of the county. According to the 1990 Census, there are 12,425 people in Aitkin County; 2,959 (23.8%) are children. Approximately 33% of the population are people over 60 years of age, most of them retired. This population mix provides the county with a lower tax base and creates a greater demand for services. The population is 92.6% Caucasian and 6% American Indian.

The primary factor considered in establishing a Family Service Collaborative was the low economic status of a large percentage of Aitkin County residents. The state census for 1993 ranked Aitkin County 86th out of 87 counties on average income level. Median yearly income is $17,564, with 27% of the population earning less than $10,000 per year. Children living in poverty make up 26.2% of the county's children.

The service system in Aitkin County (Family Services, Public Health, educational, financial and personnel resources) was stretched to the limit in an effort to meet existing service mandates. The communities of Hill City and McGregor often did not have access to social services and health-related services because of their remote geographic locations. Families living in rural areas of the county could not easily access services located in the city of Aitkin.

Through our assessment, we identified the following needs in Aitkin County:

- More accessible, barrier-free services for families.
- More mental health and special services for children at high risk.
- Additional appropriate child care while parents are working and more activities for youth when they are not in school.
- More expectant parents and parents/guardians of young children who learn more about and access services that will help ensure the health and well being of their children.

One of the strengths evident in Aitkin County is the number of existing collaborative associations. Twenty-seven representatives from agencies and schools as well as parents attended retreats to identify and prioritize needs. These initial gatherings were instrumental in increasing communication among service providers, schools and parents. All members agreed that collaboration should continue on a long-term basis through membership in the Local Coordinating Council.

OVERVIEW OF THE INITIATIVE

The Aitkin County Collaborative Partnership is designed to increase access to services for families in Aitkin County by reducing financial, geographic, and application barriers and developing service programs, where needed, for children youth and parents.

> **Vision:** Ensure access for children and families to services that enhance well being and increase resiliency.
>
> **Mission:** Establish a county-wide commitment to develop a comprehensive, prevention-focused, user friendly, decentralized service delivery system to enhance the well-being of children and families.

The Collaborative developed four goals: 1. Improve access to services; 2. Increase mental health services and special services for children at high risk; 3. Increase childcare opportunities and constructive activities for youth; and, 4. Improve parenting skills so that babies and young children will be healthy and prepared for school. The Collaborative formed a partnership with Aitkin County Family Services, Aitkin County Public Health, Lakes and Pines Head Start, and all three of Aitkin County school districts to work together for the benefit of children and families.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past two years, Aitkin County Family Collaborative has focused on the following three strategies to improve services for children and their families.

Service Information and Accessibility

The Collaborative's first priority was to improve access to services for families in outlying areas of the county. Two years ago it established a toll-free 800 number to Family Services and Public Health. Resource Centers serve families within each of the county's three school districts. The Collaborative and an existing Transportation Project will disseminate information countywide regarding transportation options.

Service Provision

The Collaborative is currently providing parent education and support through parenting classes, the Parent Information Wheel, the "Children in the Middle" Program, and the Department of Public Health Outreach Program to pregnant women and families with children. Public Health and Riverwood Health Care Center are collaborating to provide prenatal classes. Summer activities programs in the three school districts are available through the Collaborative. Co-location social worker services and weekly support groups are provided to all school districts. Two pilot programs for day treatment (PALS: "Positive Achievements Leading to Success) will begin during the current grant year. These programs will function through use of interagency agreements and integrated funding.

Service Integration

The Collaborative is developing a well-defined governance structure with responsibility for continued service integration, integrated funds, interagency agreements, information management, and outcome evaluation. Agencies are developing a common intake form.

OUTCOMES

The Aitkin County Family Collaborative is focusing its outcome evaluation efforts in the following areas: Child and Family Health, Family Functioning, Child Mental Health, and Organizational/Systemic Change.

Child and Family Health

Data not available for the following indicators:

–Reduction in paperwork required to access services - as perceived by families and staff.

–Increased number of pregnant women/infants/children participating in early intervention.

–Increased ability for families to access services.

–Increased number of women receiving prenatal and post-natal home visits.

–Increased WIC enrollment.

–Increase in rates of completed immunizations by age 2.

–Decreased incidence of children with functional limitations due to preventable health conditions.

–Increased parent involvement in well-child health care.

–Increased number of services provided in community where child/family lives.

–Decreased incidence of low birth weight babies.

–Decreased infant and neonatal mortality rates.

–Decreased number of teen pregnancies.

–Reduced number of cases of disease for which mandated immunization is available.

Family Functioning

Data not available for the following indicators:

–Improved parenting skills and coping strategies.

–Decreased number of children in out-of-home placement.

–Increased number of developmental family assets.

–Decreased number of cases of child abuse/neglect.

Child Mental Health

Data not available for the following indicators:

–Improved attendance for students with history of poor attendance.

–Decreased levels of problematic behaviors.

–Increased involvement in supervised activities in the summer.

–Decreased school dropout rate.

–Reduction in long-term out-of-home placement.

–Improved parent involvement.

–Improved academic markers.

–Increased overall number of developmental assets possessed by youth.

Organizational and Systemic Change

Short-term indicator: Increased coordination of multiple resources.

Some interagency agreements are in place in addition to co-location contract, day treatment, early childhood screening.

Short-term indicator: Initiative is the focal point in the County.

The initiative has generated additional membership, new programs, additional grant initiatives, increased awareness and communication among agencies.

Data not available for the following indicators:

–Reduction in paperwork required to access services - as perceived by families and staff.

–Increased number/availability of programs and services.

–Increased family awareness of available services.

–Increased parent participation in all levels of collaborative activity.

–Increased level of participant satisfaction.

LESSONS

Service Provision

- We need a plan for funding a project. Funding should be the first consideration when initiating a new program/service. The funding determines the initial structure of the project.
- Grant funds should be used to develop the infrastructure that will then support the final programs/services/integration.
- Even excellent programs and popular services require promotion, convenient meeting times, and child care or other benefits in order to stimulate interest and attendance.

Barriers

- Prior to planning projects which involve state telecommunications, (i.e.: MAXIS) first priority should be agreement on the cost estimate and completion date for installation services through the agency. Time frames can then be established with this information in mind, and service provisions to families will not be delayed indefinitely.

Collaborative Process

- True collaboration takes time. Moving from theory to practice requires trust among Collaborative partners and trust and commitment in the process.
- Each successful collaborative project becomes a positive example for the next.
- Once "collaboration" becomes a mind-set, there is no obstacle that cannot be over come. The best way to use resources effectively is through a county-wide collaboration that may lead to multiple-county coalitions.

Beltrami Area Services Collaborative
Two Year Outcome Report

Background

The historical development of the Collaborative movement dates back almost a decade. In 1991, Governor Arne Carlson created the Action for Children Commission. This statewide task force, which included representation from nonprofit organizations, children's advocacy groups, the business community, and government, was asked to create a vision for Minnesota children and families. As part of its charge, the Commission agreed to recommend needed changes in service delivery systems.

As a result of the Commission's final report, "Kids Can't Wait," a number of initiatives were planned. Governor Carlson created the Children's Cabinet at the executive branch level. Minnesota was also selected as one of five states to compete for funding from the Pew Charitable Trust, enabling communities to consider how to provide more support for families by reconfiguring and integrating service delivery systems. To initiate some of the collaborative planning that would be required in this competitive grants process, the state selected three communities as pilot sites: St. Paul, Cass County, and Becker County. Working with state agency representatives, these communities became engaged in an intensive and comprehensive planning process.

In 1993 the Minnesota Legislature provided funding to enable the state to reach more communities with these initiatives. These grant funds were intended to serve as incentives for communities to collaborate on behalf of children and families.

Three major sources of grant funds supported or continue to support the implementation of the collaborative initiatives across Minnesota: Family Services and Community-Based Collaborative funds, Children's Mental Health Collaborative funds, and funds provided by the Pew Charitable Trust Children's Initiative. To date, implementation grants have been awarded to 64 Family Service Collaboratives and 22 Children's Mental Health Collaboratives. In 15 communities Family Service Collaboratives and Children's Mental Health Collaboratives are integrated.

Communities receiving these monies are expected to plan and implement changes in their local systems to better serve children and families. They also are required to establish measurable outcomes. Major stakeholders in Minnesota's effort to improve outcomes, improve accountability, and integrate fragmented service delivery reflect a wide variety of private non-profit agencies, school districts, county governments, and community action agencies.

Vision/Mission/ Core Values

Vision

Beltrami Area Service Collaborative . . . maximizing every family's health, education, and well being.

Mission

Working together, we can help every family reach its potential through the collaboration of our resources and services.

Core Values

- to be as inclusive and representative of our community as possible,
- to develop programs with a commitment to cultural sensitivity,
- to be willing to improve on or change existing systems to better serve our community,
- to neither replace nor duplicate existing agencies but rather recreate relationships among them,
- to have a commitment to cooperate rather than compete with each other for limited resources,
- to integrate services and pool resources to the degree possible,
- to develop projects based on collaboratively established values and priorities,
- to govern ourselves in a way that promotes accountability to taxpayers,
- to involve and empower consumers.

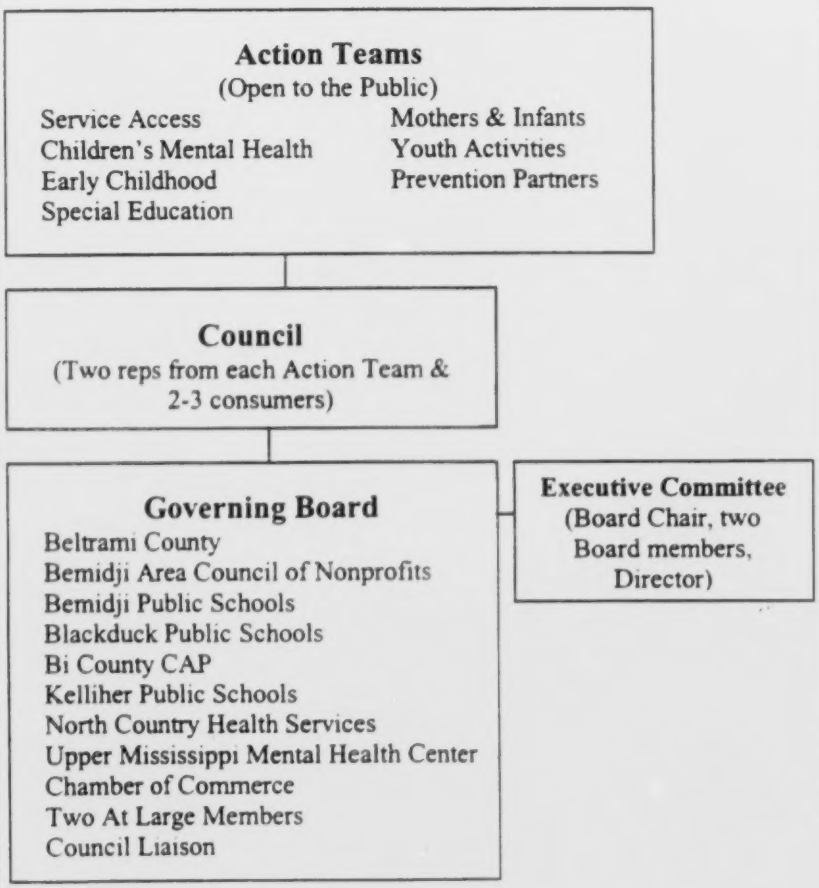
Partners/Organizational Structure

Collaborative Partners

The following agencies are partners in the Beltrami Area Service Collaborative:

- Beltrami County
- Bemidji Area Council of Nonprofits
- Bemidji Public Schools
- Blackduck Public Schools
- Kelliher Public Schools
- Bi County CAP
- North Country Health Services
- Upper Mississippi Mental Health Center

Organizational Structure



History

Fall 1993 – ISD #31 Community Education facilitates interagency development of a planning grant through the Department of Children Families and Learning for a Family Service Collaborative. Fifteen members representing seven agencies participate in the development of this grant.

January 1994 - $30,000 planning grant awarded. Initial budget established – 80% coordinator/grant writer; 20% support Bi-CAP Headstart/ECFE/Family Literacy project.

June 1994 – Bemidji Area Blandin Community Partnership Group proposes a merge of Family Service Collaborative group and the Blandin Community Partnership. The additional resources provided by Blandin provide ½ of full time coordinator/grant writer position.

August 1994 – Interview Committee hires Jeanne Edevold as first coordinator/grant writer. Official new program name is Healthy Community Healthy Kids, based on Search Institute model.

October 1994 – ISD #31 conducts Search Institute Survey, Profiles of Student Life.

December 1994 – Submitted Family Service Collaborative implementation grant.

January 1995 – Bemidji Area Council of Nonprofits hosts community problem-solving forum to address service integration concepts. As a result, the Family Support Network is formed.

February 1995 – Family Preservation Network begins developing a plan for redefining the service system based on cooperation and integration of services, centralized case-management, and strong family involvement in care planning.

March 1995 – Family Service Collaborative implementation grant proposal denied due to lack of state funding.

May 1995 – Jeanne Edevold resigns as coordinator of Healthy Community Healthy Kids.

July 1995 – Carol Johnson hired as new Healthy Community Healthy Kids coordinator.

August 1995 – Additional state appropriation for Family Service Collaboratives results in funding of original implementation grant for $500,000 over five years. Official name changes to Beltrami Family Service Collaborative. The Family Preservation Network becomes Action Team of Beltrami Family Service Collaborative to fulfill Children's Mental Health requirements.

History

March 1996 – Family Service Collaborative submits grant proposal to DHS to build a Family Center to provide a site for integration of services. Grant approved for $274,630. Beginning of Community Service Center project.

April 1996 – Facilitated session with Michael Winer to help build collaborative structure. This meeting was a turning point in commitment towards mission, structure, and decision-making; resulting in the development of six of the seven current Action Teams. Children's Mental Health established as one of these Action Teams.

September/October 1996 – Family Service Collaborative submits DHS Family Support and Preservation grant. DHS approves one-year $300,000 grant.

January 1997 – Gary Rooney hired as full time Family Service Collaborative coordinator.

March 1997 – Initial Governance Structure established which would implement a Board and Council structure in addition to current Action Teams.

May 1997 – Gary Rooney resigns to take job in Wisconsin.

June 1997 – John Pugleasa hired as Family Service Collaborative coordinator.

June 1997 – Ground broken for Community Service Center ($6.7 million project to co-locate eleven agencies).

July 1997 – Through the Youth Activity Action Team eight agencies collaboratively write "Youth Choice" After School Enrichment Grant ($177,000).

August 1997 – Interim Board established with representatives from: ISD #31, Beltrami County, Healthy Community Healthy Kids, Bemidji Area Council of Nonprofits, Rural Minnesota CEP, Bi-CAP, Department of Corrections, Upper Mississippi Mental Health Center, North Country Health Services. Initial priorities: expand collaborative to northern county and establish a stable Governance Document.

September 1997 – "Youth Choice" funded for $100,000; implementation set for July 1998.

Fall 1997 – Family Service Collaborative in cooperation with Beltrami County develop a three year DHS Family Support and Preservation Grant totaling $840,000. This funds Family Support and Preservation programming in Bemidji, Blackduck, and Red Lake.

History

December 1997 – Children's Mental Health Action Team receives approval as Children's Mental Health Collaborative, including a $80,000 implementation grant.

January 1998 – Family Service Collaborative pilots Local Collaborative Time Study (LCTS) in ISD #31, Public Health, and Corrections.

February & April 1998 – Facilitated sessions with Together We Can Initiative, Mary Skelton Roberts, to clarify Roles of the Board, Council, and Action Teams, resolve issues between Family Service Collaborative and Children's Mental Health Collaborative, and develop Joint Powers structure.

February 1998 – Children's Mental Health Action Team affirms its decision to operate as an action team of Beltrami County Family Service Collaborative.

March 1998 – Coordinator for the Inter-disciplinary Review Team and collaborative services to families was hired through a contract with Upper Mississippi Mental Health Center.

May 1998 – Through the Early Childhood Action Team, a collaborative proposal for an Even Start grant is submitted and was funded at nearly $375,000 for four years.

June 1998 – $75,000 earned in first two quarters of Local Collaborative Time Study pilot. Additional ISD #31 participants and Kelliher schools added for third quarter. Blackduck schools added for fourth quarter.

July 1998 – Collaborative Board adopts New Joint Powers Governance Document. Full implementation by September 1998. Official name changes to Beltrami Area Service Collaborative incorporating both Family Service Collaborative and Children's Mental Health.

July 1998 – Grand opening of Community Service Center co-locating eleven local agencies under one roof.

October 1998 – Final signature obtained on Governance Document establishing Joint Powers Board. Collaborative marks fifth year.

December 1998 – First annual Joint Planning Session to establish countywide collaborative priorities based on Data Based Decision-Making Process.

Action Teams

The following Action Teams are currently being funded with Beltrami Area Service Collaborative dollars:

- **Children's Mental Health**:
  - Formation of Interdisciplinary Review Team (IRT) to assist case managers in integrating services and accessing collaborative funds designated for unique, innovative service options as needed by children with emotional or serious emotional disturbances (SED) and their families.
  - Approved as Children's Mental Health Collaborative through the Minnesota Department of Human Services. Has received funding in the amount of $40,000 the first year and $80,000 the second year.
  - Hired service coordinator for Children's Mental Health Case Management. This person supervises case managers, coordinates and facilitates IRT meetings, and does outreach work to educate collaborative partners in the wraparound process and learn what service agencies have to offer families.
  - Trained case managers through DHS to use the family team concept in designing treatment plans for "SED" children and their families. The life domain model is used in choosing members of the family team to assure optimal appropriate and comprehensive services for children.
  - Expanding Children's Mental Health services to all county school districts and families who would benefit – Kelliher, Blackduck, and Red Lake.
  - Extending Children's Mental Health services to children experiencing emotional and behavioral difficulties but who have not been identified as "SED", utilizing the IRT as the avenue through which referrals can be made.
  - Arranged for training for day care providers to gain skills in caring for children with various disabilities in order to increase the availability of day care after school and in the summer.
  - Developing support group for parents who have children with serious emotional disturbances.

- **Early Childhood**:
  - Family literacy classes for parents with an educational need and their young children, includes early childhood education, parenting education, and adult basic education, as well as transportation and meals. The Action Team received an Even Start Family Literacy grant which is housed in the new Community Service Center.
  - Infant home visitor, funded by two collaboratively applied for grants. Current grant is the Infant Development money through Early Childhood Family Education from the

Department of Children, Families, and Learning. This home visitor is in contact with all involved agencies, especially the hospital, to find families with new babies who may be at risk. Visits will provide support, information, and referral. Action Team will serve as child study team for these families, to monitor their progress and needs.

- Action Team collaborated with Goals 2000 group in the school district to fund the purchase of parenting materials for distribution to families with infants.

◆ **Mothers & Infants**:

- Collaboratively implemented an in depth prenatal education program for pregnant adolescents at Cass Lake, Red Lake, and Bemidji.
- Implementation of breastfeeding support program increased the rate of initial breastfeeding from 60-85% and decreased the number of quitting in the first two weeks from 12.9% to 6%.
- Took Baby Fair to Red Lake and working with teens at April's Shelter.
- Developed four new prenatal classes: one on Early Pregnancy, two on Labor and Delivery, and one on Infant Care and Adjustment. Started at WIC and plan to open these classes to the public.
- Sponsored Maternal and Child Health Conferences.
- Printed and Distributed Community Resource booklets for mothers.
- Provide monthly speakers and refreshments to approximately 12 adolescent mothers on a variety of parenting and health topics.

◆ **Prevention Partners**:

- Recently changed their name from Violence Prevention to Prevention Partners. Vision: "To have all individuals awakened to the potential for building a peaceable community through first seeing the hope and possibilities" Mission: "To support and foster within the community the primary prevention and intervention model of Health Realization".
- Moving toward implementing the health realization model community wide.
- Developed an extensive library of health realization materials available for loan.
- Hosted four, three day training sessions on the core concepts of health realization.
- Hosted one, two day training session for law enforcement personnel on the core concepts of Health Realization as related to Officer Safety.
- Hosted a one day training: "Working Smarter Not Harder" attended by 200 people.

BASC

Action Teams

- Developed and updated a Community Report Card
- Created and distributed 300 prints of an art poster capturing the essence of primary prevention.
- Hosting round table discussions on community violence prevention involving numerous agencies.
- Two Living Well shows, one with Arun Gandhi and one with Jack Pransky.

◆ **Service Access**:
- Development of centralized information and referral for northern Beltrami County residents at the Blackduck Family Resource Center representing all non-profit, private, and service collaborative agencies.
- Development of centralized information and referral for the Bemidji area in the new Community Service Center.
- Implementation of First Call Minnesota in four sites throughout Beltrami County.
- Development of a brochure featuring community service agencies and the services they deliver.

◆ **Special Education**:
- Implemented summer of 1998 with representation from the four school districts as well as BRIC (Bemidji Regional Interdistrict Council). The primary goal is to establish collaborative programming for students identified as having emotional and behavioral disorders (EBD).

◆ **Youth Activity**:
- Youth Activity coordinators in Bemidji meet regularly to discuss how to more efficiently and effectively work together to positively impact youth needs.
- Develops and prints cooperative multi-agency Summer Youth Activities brochure.
- Developed and distributed Bemidji Community-wide Youth Activity Directory. This directory will be updated every two to three years.
- Beginning July 1, 1998, eight agencies in the Bemidji area began working collaboratively to provide accessible, culturally diverse, asset building, free evening and weekend activities for 9-13 year olds at risk youth.
- Tabulated assessment survey and inventory of youth needs.

BASC

Action Teams

Funding Sources

BASC Grants

1994 – 1995	Planning Grant (DCFL)	$30,000
1995 – 2000	Implementation Grant (DCFL)	$500,000
1996	Building Grant (DHS)	$274,000
1996 – 1997	Family Support & Preservation (DHS)	$300,000
1998 – 1999	"Youth Choice" After School Enrichment (DCFL)	$100,000
1998 – 2000	Children's Mental Health Collaborative Implementation (DHS)	$135,000
1998	LCTS First & Second Quarter	$75,000
	Sub Total	**$1,414,000**

Collaboratively Developed Grants

1998 – 2000	Family Support and Preservation (DHS)	$840,000
1998	Supplemental Family Support and Preservation (DHS)	$68,000
1998 – 2001	Evenstart	$374,000
	Sub Total	$1,282,000
	TOTAL FUNDING	**$2,696,000**

Beltrami Area Service Collaborative Report Card
1998

Family Functioning

Outcome: ***Decrease percentage of children living in households below the poverty line***

		1991 FY 91-92	1992	1993 FY 93-94	1994	1995	1996 FY 96-97
Beltrami County	# and % of children receiving AFDC	2,455 (23.2%)	--	2,716 (24.7%)	--	--	2,577 (22.2%)
	# and % of children approved for free- or reduced-price lunch	2,942 (36.3%)	--	3,527 (42.1%)	--	--	3,986 (45.9%)
Bemidji	% of children approved for free- or reduced-price lunch	--	--	--	--	--	41%
Blackduck	% of children approved for free- or reduced-price lunch	--	--	--	--	--	49%
Kelliher	% of children approved for free- or reduced-price lunch	--	--	--	--	--	69%
Red Lake	% of children approved for free- or reduced-price lunch	--	--	--	--	--	90%

Sources of data: Kids Count; Department of Children, Families and Learning (as of 10/1)

Outcome: ***Decrease child maltreatment***

			1993	1994	1995	1996
Beltrami County	# of children abused --duplicated count	physical	--	--	--	12
		sexual	--	--	--	10
		neglect	--	--	--	53
		mental	--	--	--	0
	# and (rate) of cases of substantiated child maltreatment --unduplicated count		91 (NA)	--	--	73 (NA)

Sources of data: MN Department of Human Services, Kids Count, Minnesota Planning

Outcome: ***Improve family functioning and family stability***

		1991	1992	1993	1994	1995	1996
Beltrami County	# and % of children in out-of-home placements	201	--	231 (21.1%)	--	--	--

Source of data: MN State Planning, Children's Service Report Card

Performance indicators for which current data not available:

- # of children who receive home-based or community-based services due to SED/EBD

Outcome: ***Decrease rate of teenage pregnancy***

		1991	1992	1993	1994	1995	1996
Beltrami County	# and % of births to mothers less than 18 years of age	22 (3.5%)	--	22 (4.2%)	--	--	27 (NA%)

Source of data: Kids Count

Youth Development

Outcome: ***Decrease percentage of youth who report at-risk or negative behaviors***

	1992			1995		
Beltrami County	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they were physically abused or saw abuse	NA	22.5%	19.5%	NA	17.9%	10.5%
% of students reporting they were sexually abused	NA	9.9%	11.5%	NA	10.3%	9.6%
% of students reporting family alcohol abuse	NA	8.9%	25.9%	NA	14.7%	15.9%
% of students reporting they use alcohol	NA	19.6%	43.9%	NA	25.9%	43.5%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Bemidji							
% of youth reporting 5 or more at risk behaviors (out of 20)	3%	13%	18%	19%	24%	25%	28%
% of youth reporting they are a "problem drinker"	4%	10%	13%	14%	10%	13%	15%
% of youth reporting they are a "problem drug user"	1%	1%	3%	5%	7%	6%	8%
% of youth reporting they are a "problem drinker" and "problem drug user"	1%	5%	7%	8%	12%	15%	16%
% of youth reporting they have been physically abused one or more times	10%	11%	15%	16%	21%	19%	13%
% of youth reporting they have been sexually abused one or more times	7%	6%	10%	8%	15%	16%	12%

Source of data: Special Study by the Search Institute

	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Subgroup (of Bemidji)							
% of youth reporting 5 or more risk behaviors (out of 20)	11%	40%	46%	57%	NA	60%	NA
% of youth reporting they are a "problem drinker"	3%	19%	23%	10%	NA	13%	NA
% of youth reporting they are a "problem drug user"	3%	5%	6%	10%	NA	21%	NA
% of youth reporting they are a "problem drinker" and "problem drug user"	6%	19%	27%	40%	NA	38%	NA
% of youth reporting they have been physically abused one or more times	19%	7%	23%	23%	NA	34%	NA
% of youth reporting they have been sexually abused one or more times	0%	12%	13%	10%	NA	20%	NA

Source of data: Special Study by the Search Institute

[Need to tell reader who (by type of student) this subgroup includes or data cannot be interpreted.]

Outcome: ***Improve self-reported protective factors and assets in youth***

	1992			1995		
Beltrami County	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they spend one or more hours per week doing volunteer/community service	NA	NA	NA	NA	26.0%	31.5%
% of students reporting they are involved in school activities (playing sports on a school team)	NA	NA	NA	NA	NA	NA
% of students reporting parents communication	52%	29%	27%	NA	NA	NA
% of students reporting positive school climate	22%	11%	6%	NA	NA	NA

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

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	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Subgroup (of Bemidji) % of youth reporting 20 or more assets in their lives	19%	19%	6%	3%	NA	15%	NA
% of youth reporting they spend 1 or more hours per week in a structured youth activity	75%	79%	79%	57%	NA	64%	NA
% of youth reporting a positive school climate	52%	50%	37%	40%	NA	35%	NA
% of youth reporting access to positive parental influence	76%	77%	68%	67%	NA	78%	NA
% of youth reporting access to positive adult influence (other than parents)	54%	60%	64%	64%	NA	78%	NA

Source of data: Special Study by the Search Institute

	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Bemidji % of youth reporting 20 or more assets in their lives	39%	31%	26%	26%	25%	29%	31%
% of youth reporting they spend 1 or more hours per week in a structured youth activity	94%	90%	87%	85%	85%	85%	82%
% of youth reporting a positive school climate	62%	50%	45%	40%	40%	43%	51%
% of youth reporting access to positive parental influence	83%	80%	78%	87%	82%	81%	86%
% of youth reporting access to positive adult influence (other than parents)	63%	58%	60%	64%	62%	64%	75%

Source of data: Special Study by the Search Institute

School Performance

Outcome: ***Improve the number and percentage of eligible students who graduate from high school***

		1991-92	1992-93	1993-94	1994-95	1995-96
Beltrami County	# and % of students dropping out of school	74 (2.3%)	--	--	--	164 (4.2%)
	Rate of school suspensions (per 1,000 students)	--	--	19.3	--	--
Bemidji	# and % of students dropping out of school	--	--	--	--	2%
Blackduck	# and % of students dropping out of school	--	--	--	--	NA
Kelliher	# and % of students dropping out of school	--	--	--	--	2%
Red Lake	# and % of students dropping out of school	--	--	--	--	24%

Source of data: Kids Count; MN Department of Children, Families and Learning; MN Planning

[Why not also report rate of high school graduation?]

	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Bemidji % of youth reporting they skipped school 1 or 2 days during the last 4 weeks	8%	9%	11%	10%	11%	13%	18%
% of youth reporting they skipped school 6 or more days during the last 4 weeks	1%	4%	4%	4%	4%	2%	3%
Subgroup (of Bemidji) % of youth reporting they skipped school 1 or 2 days during the last 4 weeks	19%	2%	10%	17%	NA%	19%	NA%
% of youth reporting they skipped school 6 or more days during the last 4 weeks	6%	14%	13%	23%	NA%	9%	NA%

Source of data: Special Study by the Search Institute

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Outcome: ***Improve school achievement***

	Students Scoring "Proficient" or Better on the MN Comprehensive Assessments	1997-98
Bemidji	Math grade 3	23%
	Math grade 5	22%
	Reading grade 3	30%
	Reading grade 5	35%
	Writing grade 5	32%
Blackduck	Math grade 3	27%
	Math grade 5	35%
	Reading grade 3	25%
	Reading grade 5	34%
	Writing grade 5	33%
Kelliher	Math grade 3	38%
	Math grade 5	32%
	Reading grade 3	45%
	Reading grade 5	30%
	Writing grade 5	33%
Red Lake	Math grade 3	1%
	Math grade 5	1%
	Reading grade 3	1%
	Reading grade 5	0%
	Writing grade 5	4%

Source of data: MN Department of Children, Families and Learning

	Students "Passing" the Basic Skills Tests	1997-98
Bemidji	Math grade 8	68%
	Reading grade 8	69%
	Writing grade 10	--
Blackduck	Math grade 8	67%
	Reading grade 8	58%
	Writing grade 10	--
Kelliher	Math grade 8	63%
	Reading grade 8	54%
	Writing grade 10	--
Red Lake	Math grade 8	19%
	Reading grade 8	15%
	Writing grade 10	--

Source of data: Minnesota Department of Children, Families and Learning

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Child Development and Child and Family Physical and Mental Health

Outcome: ***Increase percentage of children who receive age-appropriate immunizations***

		1996 FY 96-97
Beltrami County	% of children fully immunized by age 2	62%
Deer Lake	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	87%
	Up-to-date at 6 months	73%
	Up-to-date at 8 months	67%
	Up-to-date at 17 months	40%
	Up-to-date at 20 months	33%
Heartland Christian	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	75%
	Up-to-date at 6 months	63%
	Up-to-date at 8 months	50%
	Up-to-date at 17 months	50%
	Up-to-date at 20 months	50%
Paul Bunyan	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	87%
	Up-to-date at 6 months	71%
	Up-to-date at 8 months	56%
	Up-to-date at 17 months	51%
	Up-to-date at 20 months	4%
Solway	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	75%
	Up-to-date at 6 months	63%
	Up-to-date at 8 months	63%
	Up-to-date at 17 months	63%
	Up-to-date at 20 months	44%
St. Philip	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	91%
	Up-to-date at 6 months	84%
	Up-to-date at 8 months	69%
	Up-to-date at 17 months	63%
	Up-to-date at 20 months	69%
Blackduck	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	87%
	Up-to-date at 6 months	63%
	Up-to-date at 8 months	56%
	Up-to-date at 17 months	59%
	Up-to-date at 20 months	37%
Kelleher	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	100%
	Up-to-date at 6 months	64%
	Up-to-date at 8 months	57%
	Up-to-date at 17 months	57%
	Up-to-date at 20 months	36%
Ponemah	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	88%
	Up-to-date at 6 months	73%
	Up-to-date at 8 months	64%
	Up-to-date at 17 months	61%
	Up-to-date at 20 months	55%
Red Lake	% of children receiving age-appropriate immunizations:	
	Up-to-date at 4 months	79%
	Up-to-date at 6 months	66%
	Up-to-date at 8 months	56%
	Up-to-date at 17 months	53%
	Up-to-date at 20 months	48%

Sources of data: MN Department of Health

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Outcome: ***Decrease percentage of infants who are born with health and environmental risks***

		1990	1991	1992	1993	1994	1995	1996	1997
Beltrami County	% of mothers initiating/continuing breast feeding (n = 800 mothers)	--	60%	--	--	--	--	--	82%
	% of mothers receiving prenatal care first trimester	61.9%	--	--	--	--	71.3%	--	--
	% of mothers smoking during pregnancy	21.0%	--	--	--	--	19.1%	--	--
	# and % of children born at low birth weight	--	23 (3.6%)	--	34 (6.4%)	--	--	28 (5.0%)	--
	# and % of births to mothers with no prenatal care (reported as inadequate care/no care in 1996)	--	--	43 (9.4%)	--	36 (6.8%)	--	NA (13.2%)	--

Source of data: Kids Count and Minnesota Planning (Children's Services Report Card; Health Profiles)

Performance indicators for which current data not available:

- Percentage of children covered under health insurance plans

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Family Functioning

Children receiving free or reduced-price school lunch – is the percentage of children approved to receive these meals in October of each school year. . Children with family incomes between 130% and 185% of poverty pay a reduce price for their meals at school. Children with family incomes below 130% of poverty receive free meals. Not all eligible children participate in this program.

Children receiving AFDC – is the monthly average of all children receiving payments from Aid To Families with Dependent Children (AFDC) between July 1 and June 30 of the selected fiscal years. The percent of children receiving AFDC is the number of children receiving AFDC divided by the estimated total number of children.

Children in poverty – is the estimated number of children under 18 whose families have income below the federal poverty line. These estimates have significant margins of error at the county level, and should be used with caution.

Child maltreatment – is the number of children physically or sexually abused, neglected, or subjected to mental injury.

Children abused and neglected – is the number of children for whom a report of child abuse or neglect was substantiated by a county child protection worker. Substantiated abuse means that the local social service agency has conducted an assessment in response to a report and has found that maltreatment occurred.

Children abused (physically, sexually, neglect or mental) – is the number of children who were determined to be victims of physical, sexual, neglect and/or abuse.

Children in out-of-home placement – is the unduplicated number of children who were placed in foster care, group homes, emergency shelter or residential treatment facilities.

At-risk indicators or negative behavior – is the percentage of students reporting negative behavior in the MN Student Survey (defined below). According to Search Institute, at-risk behaviors have the potential of jeopardizes students' future and interferes with their healthy development; "and in this sense, each of these places a young person at risk."

According to MN Student Survey, physically abused or saw abuse- is the percentage of students who answered "Yes" to either of two questions: "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?" or "Has anyone in your family ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?"

Sexually abused- is the percentage of students who answered "Yes" to either of these two questions: "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually? Or "Has any older or stronger member of our family ever touched you sexually or had you touch them sexually?"

Family alcohol abuse- is the percentage of students who answered "Yes" to the question "Has alcohol use by any family member repeatedly caused family, health, job or legal problems?"

Use of alcohol – is the percentage of students who said they used alcohol about monthly or weekly.

According to Search Institute Survey, 20 at-risk indicators – is the percentage of students who experience 5 or more of the 20 at-risk indicators. The list of 20 at-risk indicators, each of which have the potential to limit productivity and/or emotional well-being during adulthood is: frequency of alcohol abuse, binge drinking, driving after drinking, riding after drinking, cigarettes, chewing tobacco, problem drug use, sexually active, contraceptive use, depression, attempted suicide, bulimia, gang fights, weapon use, police, theft, school absence, school dropout, physically abused, sexually abused.

- physical abuse – is the percentage of students reporting they have been physically abused once or more " where an adult caused youth have a scar, black and blue marks, welts, bleeding, or a broken bone."
- sexual abuse – is the percentage of students reporting they have been sexually abused once or more " whereby someone in your family or someone else did sexual things to you that you did not want or forced you to touch them sexually."

Search Institute categorized the students into one of four categories with regard to alcohol and drug use. One category is "neither problem drinker nor problem drug user" and the other three following categories are:

- problem drinker – is the percentage of students who reported use of alcohol six or more times in 'the last 30 days," and/or reported consumption of five or more drinks in a row during "the last two weeks" once or more, and no use of an illicit drug six or more times in the last year.
- problem drug user – is the percentage of students who reported use of an illicit drug (e.g., marijuana, PCP,LSD, cocaine/crack, amphetamines, or narcotics) six or more times in last year, and use of alcohol five times or less in "the last "30 days," and no report of consuming five or more drinks in a row during 'the last two weeks."

- problem drinker and drug user – is the percentage of students who reported use of alcohol six or more times in " the last 30 days," and/or consumption of five or more drinks in a row during "the last two weeks" once or more, combined with the use of an illicit drug six or more times in the last year. Note that for the above three indicators the students are placed in one and only one category.

Protective factors in youth – are the potential conditions that reduce the risk of alcohol, tobacco and other drug-related problems for youth according to Minnesota Health Profile report. These factors or indicators are adapted from the MN Student Survey (defined below)

Volunteer/community service - is the percentage of students who reported spending 1 or more hours in a typical week doing volunteer/community service. 1992 percentages are not being reported as the 1995 MN Student Survey question changed deleting "16-20 hrs, 21-40 hrs, and 41+ hrs."

Involved in school activities – is the average percentage of students who reported spending 1 or more hours in a typical week in playing sports on a school team. 1992 percentages are not being reported as the 1995 MN Student Survey question changed from "organized sports" to "playing sports on a school team.

Parent communication - is the average percentage of students who answered "Most of the time" to the statements "can talk to father about problems" and "can talk to mother about problems."

Family support – is the percentage of students who answered "Very much" to the question "How much do you feel your parents care about you?"

Positive school climate – is the average percentage of three items to which students answered "Very much" to the question "How much do you feel school people care about you?" and the statements, "I get a lot of encouragement at my school," or disagreed or strongly disagreed to "my teachers don't pay much attention to me?"

Assets in youth – is the percentage of youth who meet the vision for having 20 or more of the 30 assets present in their lives. Note: at the time of the 1994 survey there were 30 assets; Search now has 40 assets. Search Institute administered this study in October, 1994 to all students in grades 6 through 12 at Bemidji Middle School and Bemidji High School.

Structured youth activities – provide a resource for positive youth development and include involvement in extracurricular activities (and/or non-traditional activities) and other school and community involvement and programs. According to Search Institute these include band, choir, orchestra, music lessons, or practicing musical instrument, team sports at school, clubs or organizations at school and outside of school, church or synagogue programs or activities.

Positive school climate – is the percentage of students who perceive a positive school climate. It is the average of students answering "Yes" to the following questions: " My teachers really care about me" and "I get a lot of encouragement at my school; " and students answering favorably to "My teachers don't pay much attention tome – disagree or strongly disagree."

Positive parent influence – is the percentage (average) of students who report good conversations with parents that lasted 10 minutes or more, once or more during last month and whose parents ask where they are going or with whom they will be, most or all of the time.

Positive adult influence other than parent – is the percentage (average) of students who report good conversations with other adults that lasted 10 minutes or more, once or more during last month and who have access to 3 or more caring adults.

Search Institute Study – is a profile of student life: attitudes and behaviors. The study was administered to all students in grades 6 through 12 at Bemidji Middle School and Bemidji High School Schools on October, 1994. A report was also made available for an identified subgroup in grades 6, 7, 8, 9, and 11.

MN Student Survey – is a survey of 100 questions given to sixth-, ninth-, and 12th- grade students every three years by the Minnesota Department of Children, Families and Learning.

Child and Family Physical and Mental Health

Children receiving age-appropriate immunizations – is the percentage of children receiving age-appropriate immunizations who enrolled in a kindergarten program in Beltrami County Schools for the school year 1992-93 and 1996-97. MN Department of Health conducted this study in 1992-93 and again in 1996-97.

Children fully immunized by age 2 – is the percentage of kindergarten students in the 1992-93 and 1996-97 school year who have been immunized, according to the MN Department of Health's Kindergarten Retrospective Study. This study was conducted first in 1992-93 and again in 1996-97.

Children covered under health insurance plans – is the percentage of children under 18 covered by health insurance.

Mothers initiating breast feeding – is the percentage of mothers leaving hospital having initiated breast feeding and continued after leaving hospital in two week post check. Average number of births is 800 for both years. The 1997 data reflects initiation of program through the collaborative.

Children born with two or more health and environmental risks – is the percentage eof infants born with two or more health or environmental risks such as late or no prenatal care, low maternal weight gain, smoking during pregnancy, three or more older siblings, or closely spaced births.
Children born at low birth rate – is the number of infants born weighing less than 2500 grams or 5.5 lb., including those born prematurely (before 37 weeks). The percent of children born at low birth weight is the number of low birth weight children divided by the total number of births.
Births to mothers with no prenatal care – is the number and percentage of newborns whose mother had not seen a doctor before her seventh month or at any time during her pregnancy.
Prenatal care first trimester – is the percentage of mothers receiving prenatal care first trimester. Trimester of prenatal care is calculated from gestational age.
Prenatal care index – is determined by combining measures of the month or trimester prenatal care began, the number of prenatal visits, and the gestational age of the infant/fetus at the time of birth. This GINDEX index is categorized as follows: adequate or better- prenatal care started in the 1st trimester AND the woman had an adequate number of visits; intermediate- prenatal care started in the 1st or 2nd trimester AND the woman had an intermediate range of visits; inadequate or none- no prenatal care or the prenatal care started in the 3rd trimester OR the woman had an inadequate range of visits, regardless of when prenatal care began.

School Performance

Minnesota Comprehensive Assessment Test – All public school third and fifth graders are tested in reading and mathematics; fifth graders are also tested in writing. Students cannot pass or fail these tests. These assessments are designed to evaluate student progress toward the new MN High Standards and to help schools and districts in improving achievement over time. MN 3rd and 5th graders took the MN Comprehensive Assessment tests for the first time in 1998. Scores are grouped in four levels, with level 4 the highest. Students scoring at level 3 or 4 are on track to achieve the High Standards in high school.
Minnesota Basic Standards Test – All Minnesota public school students must pass this test before they can graduate. These are first given in 8th grade and measure minimum literacy in reading and mathematics. The writing test is given in 10th grade. One of the new graduation requirements for all public school students is a passing score of 75 percent on Basic Standards tests in math and reading. The test is required of all districts beginning 1998, with 78% of MN 8th graders taking the test during the phase in time, 1996 and 1997. Starting in 1999, students also must pass a writing test given in the 10th grade.
Children dropping out of school – is the number of students who were enrolled in school during the previous school year and were not enrolled by October 1 of the current school year. The percent of students dropping out is the number of students dropping out divided by the total enrollment of grades 7-12. This definition was new as of the 1993-94 school year: previously, a student was counted as "dropping out" if they were not enrolled by the beginning of the next school year.
School suspension – the number of school suspensions per 1,000 students enrolled in that school year as recorded by Department of Children, Families and Learning (DCFL).
Skipped school – is the percentage of students who report during the last four weeks have skipped school six or more days or have skipped school six or more days during the last month according to Search Institute Study.
Truancy – is the percentage of students, according to MN Student Survey, who report having been truant once or twice in the past four weeks.

Two Year Outcome Report

Chisago County
Family Services Collaborative

SETTING

The Chisago County Family Service Collaborative service area consists of the North Branch School District and the Rush City School District, including portions of school districts that lie in adjacent counties. More recently, the Chisago Lakes School District, which includes the communities of Chisago City, Lindstrom, Center City, Shafer and Taylor's Falls is also included.

The areas described are the most populated within Chisago County which has experienced an annual growth rate of 3.8% over the last 5 years. With such a rapid growth rate, and with over one-third of the population being children under age 18, the communities expressed concern over the county agency's ability to continue to provide effective services to families in need with the ever-increasing strain on county resources. This was the impetus for the Chisago County Family Services Collaborative Initiative.

During the early stages of the Collaborative, the North Branch School District (which accounts for 60% of the county population) gathered data for the purpose of most accurately assessing service needs of families within the district. Findings revealed that:

- 27% of youth lived in single-parent families
- 17% of females and 11% of males indicated that they had been beaten by an adult in their home
- 9% of families live below the poverty level
- 8.4% of the total population are children under 5 years old, but are 12.9% of those living in poverty
- The Collaborative service area makes up 47% of the county population and also accounts for 47% of all the children placed out of home.
- Out of home placement rates revealed a steady and alarming increase (30% from 1990-91, 24% from 1991-92 and projected 35% from 1992-93)

In order to best address the issues facing the county, the Family Centers provide services which are:

- focused primarily on families and supportive in nature
- accessible to families in need
- focused on prevention/early intervention with a strong outreach component
- coordinated and streamlined between agencies to best ensure effectiveness

The Family Centers were designed to address certain barriers to effective service delivery in the county, namely poverty, rural isolation, and limited resources to meet the needs of a rapidly growing population. Community assets that could be drawn upon within the framework of the Family Services Collaborative framework are communities that are cohesive and caring with citizens who are dedicated to working in partnership with schools and government to help families in need.

OVERVIEW OF THE INITIATIVE

Two school districts, in cooperation with parents and county government, and with strong support from local business leaders decided to create two Family Centers. The North Branch School District opened the Stacy Family Center adjacent to a large trailer court in the city of Stacy and the Rush City School District opened the Rush City Family Center in the city's shopping mall. Local businessmen provided sites/space, construction, furnishings and a cash match for non-school-based funding. Each Family Center provides a wide variety of accessible services directly mainly to families with pre-school age children but also include families with school age children . The services are mainly early-intervention in nature, designed to remedy problems before they become crisis and therefore prevent the need for more intensive county-based services. Services such as in-home family therapy are also provided to children identified as being at risk, and their families, through coordination with the Five County Mental Health Center.

Initially, a community task force comprised mainly of parents but also including a State Representative, a representative of the Ministerium Association, a day care provider, a Head Start participant, a local business representative and a school board member determined how family and community needs could be best met at the Family Centers. Soon thereafter the governance structure became the Interagency Coordinating Council which included the County Department of Health and Human Services administrators, Special Education administrators, Five County Mental Health Center administrators and the social worker and public health nurse from the Rush City Family Center. This Council was responsible for coordinating children's mental health services and overseeing other interagency groups.

The governance restructuring over the past two years has resulted in the establishment of a Chisago County Children's Committee (CCCC) comprised of the Superintendents of the three school districts in the county, the County Administrator, Health and Human Services Director, Corrections Director, County Attorney, Community Action Council Director, and the Sheriff. In addition, a Management Council (MC) has also recently become operational, working closely with the CCCC and providing oversight of the three sub-committees, Early Childhood, Youth at Risk and Youth in Transition. Both the CCCC and MC meet monthly. The three sub-committees have been recently established as the result of restructuring the existing mandated committees with the Chisago County Collaborative and will retain their mandated duties and functions within the new structure. The work teams within each subcommittee are as follows:

Early Childhood

Interagency Review Teams (Chisago Lakes, Rush City and North Branch)
Stacy/North Branch Team
Rush City Family Center Total Team
Chisago Lakes Family Partners Steering Committee
Family Interagency Team Support (FITS)
Immunization Task Force

Youth at Risk

North Branch and Forest Lake Minor Parent Case Consultation
Truancy Committee
Parents Forever Committee
Tri-county Youth and Family Partnership
Community Partnership with Youth and Families
Children's Mental Health Initiative (CMHI)
School Based Teen Pregnancy Professional Teams
School Based Social Worker Network

Youth in Transition

RISE Inc. Mental Health Advisory Committee
See "Youth at Risk" Committees

STATUS OF KEY COLLABORATIVE STRATEGIES

The following strategies have been revised or implemented over the last two years to continue to meet the needs of families and to improve outcomes:

- The Rush City Family Center Family Advocate has been renamed the Child and Family Service Worker (CFSW) and will be assisting the Public health Nurse with Early Childhood Screens and other duties.
- The Stacy Family Advocate position is being revised to be similar to the Rush City CFSW. This worker will be located in the North Branch High School and will serve a targeted population of families with middle/high school age children. A social worker is currently in this position at the elementary school.
- The Rush City Family Center has maintained evening and weekend hours and has increased its presence in the community by participating in festivals, providing resource information and fun activities for families.
- Child and teen checkups are being provided at both Family Centers by Public Health nursing staff located within the school districts.
- The Minor Parent Pathway has been implemented and adopted by all staff working with this population. A Public Health Nursing Supervisor has taken on the role of coordinating these efforts within the county.

- Both family Centers have expanded school-age summer programs, involving families with week long programs.
- The Rush City Volunteer Coordinator is meeting with that community's Healthy Communities Initiative and expanding volunteerism into a community-wide effort.
- The Centers have utilized the Heartland Express Public transit service as well as the volunteer driver program to increase available transportation.
- A county-wide Children's Committee has been established. In addition, a county interagency organization and management structure has been established which is out comes-based. Much of this effort has been due to the Local Collaborative Time Study and the decrease in the Family Service Collaborative grant. This objective and strategy will require true integrated funding in order to staff and manage these efforts and to sustain the energy of this process.

OUTCOMES

The Chisago County Family Services Collaborative has focused its outcome evaluation efforts on assessing indicators which fall into three key areas: organizational and systemic change; child and family health; and family functioning. The two school districts developed their own survey instruments with slight variations and are therefore reported separately. The North Branch School District combined survey data from the Stacy Family Center and the North Branch Early Childhood Center (ECC). The North Branch School District revised the survey format between reporting periods, therefore data comparisons are not entirely accurate. 1996-97 data sets were not yet available for the Rush City Family Center. The data for the indicator addressing Child and Family Health was collected by the County Health and Human Services Department vs. the Family Centers.

Organizational and Systemic Change

Short term indicator: Increase in agreement between service providers and families regarding the kinds of services which are being offered to families.

Stacy FC/ECC

1995-96: 85% of families surveyed agreed or strongly agreed with the statement, "The staff works as a team with parents and the community to support families."

1996-97: The survey was revised and did not include a question related to this indicator.

Rush City FC

1995-96: 95% of families surveyed agreed or strongly agreed with the statement, "The people working with my child and/or family treat me as a partner when they develop services for my child and/or family."

Short term indicator: Increase in the quality of services from the perspective of families and service providers.

Stacy FC/ECC

1995-96: There were no specific questions/statements addressing service "quality", however the overall approval rating by survey respondents regarding the North Branch Centers was 80%.

1996-97: See above. Overall approval rating 89%. (9% increase)

Rush City FC

1995-96: See above. Overall approval rating 95%

Child and Family Health

Short term indicator: Decrease in the percentage of women who do not see a physician before the third trimester of pregnancy or do not see a physician at any time during their pregnancy.

Chisago County: .4% increase from 1994 to 1996

1994 - .8 (State average=2.9)

1996 - 1.2 (State average=3.2)

Data Source: Minnesota Department of Health Statistics

Long term indicator: Decrease in the percentage of total births where abnormal conditions are present.

Chisago County: 1.2% decrease from 1994 to 1996

1994 - 4.5 (State average=5.4)

1996 - 3.3 (State average=4.4)

Data Source: MN Department of Health Statistics

Family Functioning

Short term indicator: Increase in the ability of families to identify their problems and use appropriate coping strategies.

Stacy FC/ECC

1994-95: There were no survey statements which directly related to this indicator. However, 80% agreed with the statement, "Our family has a better understanding of services available in our community and how to find them."

1995-96: Revised survey statement/question, "How are we doing at providing helpful community information?" 84% rated this as good or excellent. 4% increase

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Rush City FC

1995-96: Survey statement, "Our family is better able to handle problems that concern us." 97% agreed/strongly agreed. Survey Statement, "We have learned more positive ways to handle our child's behavior." 97% agreed/strongly agreed

Data have not been collected for the following short term indicators:

-Decrease in the proportion of families that reach a crisis situation where the families need multiple services

LESSONS

During the last two years, members of the Chisago County Family Services Collaboratives have learned the following:

- Each community is unique and needs to be viewed that way within the Collaborative context.
- Successful revenue enhancement is initially the painful side of true service integration efforts.
- True integration does not really happen until the revenue issues have been worked out.
- Attempts to reduce the number of people on committees and the number of committee meetings did not work.
- The nature of the Collaborative is change.
- Forced governance is needed due to the political nature of the Collaborative effort (i.e. turf protection etc) Need for Legislation and more help from the State.
- Good governance is critical to the decision making process.
- Legislation needs to continue. The Collaborative effort has started to produce results. Must be recognized as a long-term process.
- Successful collaboration leads to service integration, cost efficiency, non-duplication of efforts and more effective services for families and children.

Two Year Outcome Report

Clay County
Family Services Collaborative

SETTING

Clay County recognized the need to establish an improved family service system which would increase access and improve service delivery to children and families by improving communication, increasing the sharing of resources among providers, and developing a system that would be more consumer-driven than system-driven. Clay County had the opportunity to establish and develop a Family Services Collaborative because of the willingness of multiple entities to work towards the same goal: "To enhance children's self-esteem and ability to lead productive and healthy lives by strengthening families in Clay County."

The Clay County's Family Services Collaborative has been based on the following vision statements:

- We will continue to believe that families can best grow and develop in communities where people know each other, care for each other, and where children have a strong sense of safety.
- We will continue to foster communities where people of diverse backgrounds embrace and celebrate their interdependence while acknowledging and valuing their individual differences.
- We will continue to work together to help communities provide employment paying wages that can support families in a decent manner.
- We will continue to promote schools to be places where all children love to learn because they are allowed to successfully pursue options and opportunities of their own choosing.
- We will continue to support parents who wish to be involved in the education of their children, not only at school, but also in their homes.
- We will continue to envision a social service system that support families in self-healing and that empowers families to meet their own needs without sacrificing their dignity.
- We will continue to be committed to changing larger systems whenever they present barriers which make positive change in families difficult, or even unlikely. We will continue to reduce and eliminate such barriers by bringing together family-serving agencies and organizations to help review—and perhaps work to change—the rules, regulations, and practices that needlessly create problems for those who they serve.
- We will continue to ask large and small family-serving agencies and organizations to work together in community settings and locations where families can feel comfortable and find as much assistance as possible.

- We will continue to encourage families who are seeking our help to assist us in helping them.
- We will continue to recognize that even with our combined knowledge and resources, we cannot know, or do, enough to bring substantial positive change to our communities without the help of many people with a wide diversity of backgrounds and interests.

The objectives of the Clay County Family Services Collaborative include:

1. Creating an outcome-based, prevention-oriented, family-focused, holistic, and accessible family support and service delivery system to Clay County families, beginning with families which have a new infant;
2. Partnering with and supporting families to enable each to gain desired family life skills;
3. Establishing a shared database for assessing family needs and management of family activities and outcomes; and
4. Monitoring and documenting family-centered services offered by Partners for children birth to eighteen years of age and pregnant woman and their children from birth to age six.

OVERVIEW OF THE INITIATIVE

The Clay County Family Services Collaborative is governed by a Joint Powers agreement with the Joint Powers Collaborative Board being the governing body. Representation on the Board consists of Clay County Board of Commissioners; City Representatives of Moorhead, Glyndon, Hawley, Barnesville and Ulen-Hitterdal; School Board Members of Moorhead, Hawley, Ulen-Hitterdal, Barnesville and Dilworth-Glyndon-Felton; Head Start Representative; Nonprofit/ Consumer Representative; Superintendent Representative; Lakeland Mental Health Representative; Department of Corrections Representative; Clay County Social Services Representative; and Clay County Public Health Representative. The Board also serves as the governing body for Clay County's Children's Mental Collaborative and its McKnight Foundation Welfare to Work Partnership; all three of these efforts have an Advisory Committee. The Collaborative Coordinator has the overall responsibility for all three collaborative efforts, as well as for the Board.

The members of the Family Services Collaborative Advisory Committee represent parents and and a range of organizations.[1] The Advisory Committee is divided into the following four work groups: 1) Coordinated Family Services/Unitary Case Management; 2) Data Systems; 3) Family Assessment and Prevention; and 4) Outcomes and Indicators. The Board and the Advisory Committees each meet once a month and the Work Groups meet, on average, every four to six weeks.

Clay County has recently completed its first round of allocating Local Collaborative Time Study (LCTS) funds. Members of the Board, and of the Advisory Committees, participated in the development of the LCTS grant application and review process and in the selection of the LCTS Grant Application Review Committee.

The strengths of the Collaborative include the willingness of multiples entities to work together and to share data and information about clients when appropriate; hard work and the commitment of multiples entities; financial support from the Minnesota Legislature; and the operation of the Clay County Family Service Center which is the location of multiple groups which participate in the Collaborative. Current needs of the Collaborative include: increased consumer involvement; a stronger shared vision of what the Collaborative will look like (i.e. effective structure, processes, etc.); and increased affirmation of the Collaborative's efforts by the Minnesota Legislature and the Departments of Children, Families and Learning and of Human Services.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past year, the Clay County Family Services Collaborative addressed the following strategies:

1) The Family Services Collaborative Advisory Committee, the Children's Mental Health Collaborative Advisory Committee, and the Clay County Joint Powers Collaborative Supervisory Team managed the Collaborative and reported to the Clay County Joint Powers Collaborative Board by:

   - utilizing a portion of grant funds to employ a coordinator and a clerical assistant to administer grant activities;
   - monitoring existing integrated and coordinated funding streams and creating new streams to carry out Collaborative activities effectively;
   - standardizing policies/procedures, and influencing mandates related to grant activities to remove federal, state, and local barriers that families might encounter;
   - supporting Collaborative staff and activities to ensure family empowerment and participation as well as cultural sensitivity;
   - supporting family involvement in program and service planning, implementation, and evaluation (i.e. stipends for transportation, child care and other costs, parent focus groups, neighborhood meetings, etc.);
   - providing training for Collaborative members and families to focus on family assessment and coordinated family services (unitary case management), information and referral about integrated services, and electronic linkages; and
   - prioritizing and promoting prevention activities as a way of helping families.

2) The Family Services Collaborative Advisory Committee utilized a Family Assessment/ Prevention Work Group to:

   - coordinate, develop and implement an interagency, standardized family self-assessment "tool" and process and

- work with families in the development of the family self-assessment tool.

3) The Family Services Collaborative Advisory Committee and the Children's Mental Health Collaborative Advisory Committee:

   - utilized a data systems information specialist and a Data Systems Work Group to research ways to share a database for the management of Collaborative activities, evaluation of outcomes, family assessments and family plans and

   - worked to improve the coordination of and referrals services (i.e. health, recreational, educational, human services, etc.) in order to effectively share the database.

4) The Family Services Collaborative Advisory Committee, the Children's Mental Health Collaborative Advisory Committee, and a Coordinated Family Services Work Group:

   - developed and implemented a unitary case management approach to offer coordinated and integrated services to families by standardizing intake and release processes;

   - worked on designing common points of entry for families to assist in the coordination of services and referrals; and

   - encouraged the establishment of a flexible fund and the development of criteria for dispersion of the funding for the basic needs of families.

These strategies will continue to be the focus of the Collaborative during the next year of implementation.

LESSONS

Lessons learned by the Clay County Family Services Collaborative during the past year include the following:

- Collaboration can take place successfully with a strong commitment by Collaborative participants to effective communication, working together, and a willingness to share resources

- Collaboration is a complex process in that positive and trusting relationships need to be established between individuals and agencies/organizations in order to have a positive I pact on children and families. The building and maintaining of those relationships requires time, energy, and the commitment of many

- Clay County is dealing with many of the same issues faced by other Minnesota counties developing Collaboratives

- Collaboration can be rewarding as it presents opportunities to learn about other agencies as well as opportunities to develop new professional relationships

- It is critical to follow the process that has been established as this helps develop trust among Collaborative participants

- The staff at the State level are very knowledgeable, interested in the success of the Collaboratives, and very responsive to questions and concerns of the Collaboratives

- The Local Collaborative Time Study (LCTS) funds have the potential of developing the efforts of the Collaborative but also the potential of presenting barriers if applying for the funds is perceived as a competitive process among Collaborative participants
- It is critical that Collaborative participants keep the development of the Collaborative in perspective, be patient with the progress made by the Collaborative, and be cognizant of the fact that change is exciting for some, but difficult for others.

OUTCOMES

The Clay County Family Services Collaborative has focused its outcome evaluation efforts on assessing indicators in the following major categories: organizational and systematic change; child and family health; family functioning; school performance; and children's mental health. See the attached Table for details.

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[1] Freedom RCIL, Youth Guidance, Adult Basic Education, Moorhead School District, Village Family Service Center, Clay County Public Health, Legal Services of Northwest Minnesota, Clay-Wilkin Opportunity Council, Clay County Homeless Assistance and Prevention Program, Lost and Found Ministry, "Way To Go!" Welfare to Work Partnership, Clay County Joint Powers Collaborative, Clay County Social Services, Churches United for the Homeless, Rural Minnesota Concentrated Employment Program, Dilworth-Glyndon-Felton School District; YWCA Clay County Transitional Housing Program, Clay County Residence Inc., Minnesota Rehabilitation Services, Consumer/Parent Representatives, Fargo-Moorhead Area Foundation, Child Care Resource and Referral, City of Moorhead, Migrant Health Service Inc., Clay County Board of Commissioners, Moorhead Healthy Community Initiative, Head Start, Moorhead Community Education, Hawley School District, Minnesota Workforce Center, Barnesville Child Care Center, Lakeland Mental Health Center, Rural Enrichment and Counseling Headquarters, Early Intervention Services, Tri Valley Migrant Head Start, Clay County Housing and Redevelopment Authority, Family Healthcare Center, ARC of Clay County, Family Child Care Center, Youthworks, Early Childhood Family Education, Clay County Auditor's Office, Rainbow Bridge Safe Exchange and Visitation Center, Community Resources Inc., St. Joseph's School, Moorhead Police Department, New Directions, United Way of Cass-Clay, Ulen-Hitterdal School District, Clay County Extension Services, Clay County Rural Transit, Access, Representative Collin Peterson's Office, Lutheran Social Service of Minnesota, Department of Corrections, Cultural Diversity Project, Department of Human Services, Barnesville School District and Division of Rehabilitation Services.

Clay County Collaborative Outcome Data
1998

Family Functioning

Outcome: ***Decrease percentage of children living in households below the poverty line***

		1991 FY 91-92	1992	1993	1994	1995 FY 95-96	1996 FY 96-97
Clay County	# and % of children receiving AFDC	1,765 (13.3%)	--	2,110 15.5%	--	2,220 (16.1%)	2,005 (15.2%)
	# and % of children approved for free- or reduced-price lunch	2,415 (13.3%)	--	2,676 30.2%	--	2,684 (29.3%)	2,696 (29.6%)

Sources of data: Kids Count, Minnesota Department of Children, Families and Learning (as of 10/1)

Outcome: ***Decrease child maltreatment***

		1995	1996
Clay County	# of children abused --duplicated count physical	--	32
	sexual	--	9
	neglect	--	75
	mental	--	0
	# and (rate) of cases of substantiated child maltreatment --unduplicated count	141 (11.7)	113 (8.9)

Source of data: Minnesota Department of Human Services

Outcome: ***Improve family functioning and family stability***

		1995 FY 95-96	1996 FY 96-97	1997 FY 97-98
Clay County	# of children in out-of-home placement	269	265	--
	# of new (N) and continuing (C) sexual assault clients	N: 235 C: 45	N: 204 C: 61	N: 177 C: 65
	# of new (N) and continuing (C) domestic violence clients	N: 429 C: 34	N: 394 C: 69	N: 406 C: 67

Source of data: Lakeland Mental Health

Youth Development

Outcome: ***Decrease percentage of youth who report at-risk or negative behaviors***

Clay County	1992			1995		
	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they have attempted suicide	NA	13.3%	14.3%	NA	12.7%	10.1%
% of students reporting they were physically abused or saw abuse	NA	20.3%	16.2%	NA	15.9%	9.7%
% of students reporting they were sexually abused	NA	10.0%	11.6%	NA	7.9%	7.5%
% of students reporting family alcohol abuse	NA	20.7%	19.5%	NA	14.1%	15.2%
% of students reporting they are sexually active	NA	25.2%	57.0%	NA	25.0%	50.3%
% of students reporting they smoke	NA	11.0%	15.9%	NA	14.4%	22.9%
% of students reporting they fight	NA	41.9%	26.5%	NA	33.5%	17.4%
% of students reporting they use alcohol	NA	21.0%	38.1%	NA	17.6%	35.6%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

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Moorhead	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
% of youth reporting 5 or more at risk behaviors (out of 20)	5%	8%	12%	19%	21%	21%	24%

Source of data: Special Study by the Search Institute

Outcome: ***Improve self-reported protective factors and assets in youth***

Clay County	1992			1995		
	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they spend one or more hours per week doing volunteer/community service	NA	NA	NA	31%	23%	31%
% of students reporting they are involved in school activities (playing sports on a school team)	NA	NA	NA	39%	52%	39%
% of students reporting parents communication	49%	29%	30%	46%	29%	34%
% of students reporting family support	87%	72%	71%	87%	70%	73%
% of students reporting a positive school climate	20%	14%	9%	16%	6%	5%
% of students reporting high self esteem	50%	41%	42%	56%	46%	48%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

Moorhead	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
% of youth reporting 20 or more assets in their lives	46%	35%	31%	25%	31%	29%	27%
% of youth reporting they spend 1 or more hours per week in a structured youth activity	94%	93%	93%	92%	84%	85%	84%
% of youth reporting a positive school climate	65%	43%	38%	38%	44%	46%	50%
% of youth reporting access to positive parental influence	81%	83%	80%	83%	86%	82%	83%
% of youth reporting access to positive adult influence (other than parents)	60%	63%	60%	59%	63%	62%	69%

Source of data: Special Study by the Search Institute

Child and Child and Family Physical and Mental Health

Outcome: ***Increase percentage of children who receive age-appropriate immunizations***

		1992 FY 92-93	1993 FY 93-94	1994 FY 94-95	1995 FY 95-96	1996 FY 96-97
Clay County	% of children who are fully immunized by age 2	48.1%	--	--	--	60.7%
	% of children receiving age-appropriate immunizations:					
	up-to-date at 4 months	88.1%	--	--	--	90.5%
	up-to-date at 6 months	75.2%	--	--	--	81.2%
	up-to-date at 8 months	61.7%	--	--	--	70.6%
	up-to-date at 17 months	53.0%	--	--	--	63.1%
	up-to-date at 20 months	34.4%	--	--	--	55.2%

Source of data: Minnesota Department of Health (Health Profiles and Kindergarten Retrospective Study)

Outcome: ***Decrease percentage of infants who are born with health and environmental risks***

		1990	1991	1992	1993	1994	1995	1996
Clay County	% of mothers receiving prenatal care first trimester	80.3%	--	--	--	--	--	74.5%
	% of mothers smoking during pregnancy	21.8%	--	--	--	--	--	17.2%
	# and % of children born at low birth weight	--	23 (3.6%)	--	34 (6.4%)	--	--	28 (5.0%)
	# and % of births to mothers with no prenatal care	--	--	20 (3.4%)	--	26 (4.0%)	--	--

Source of data: Kids Count and Minnesota Planning (Children's Services Report Card, Health Profiles)

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Performance indicator for which current data not available:

- Percentage of children covered under health insurance plans

Outcome: ***Improved client and family satisfaction and functioning of children with SED/EBD and their families***

		1996 FY 96-97	1997 FY 97-98
Clay County	# and % of families receiving services with improved scores on family functioning assessments	40 (75%)	--

Source of data: Lakeland Mental Health

Performance indicators for which current data not available:

- Percentage of mental health service recipients showing reduced severity of suicide risk
- Percentage of mental health service recipients enrolled in non-restrictive instructional settings
- Rate of criminal charges against mental health clients (felony/misdemeanor)
- Rate of school attendance among clients enrolled in school
- Rate of clients and families showing improved program/service satisfaction

School Performance

Outcome: ***Improve the number and percentage of eligible students who graduate from high school***

		1991-92	1992-93	1993-94	1994-95	1995-96
Clay County	# and % of students dropping out of school	48 (1.3%)	--	--	--	87 (2.0%)

Source of data: Kids Count

Outcome: ***Improve school achievement***

	Students Scoring "Proficient" or Better on the MN Comprehensive Assessments	1997-98
Dilworth-Glyndon-Felton	Math grade 3	25%
	Math grade 5	30%
	Reading grade 3	21%
	Reading grade 5	29%
	Writing grade 5	30%
Barnesville	Math grade 3	56%
	Math grade 5	21%
	Reading grade 3	55%
	Reading grade 5	30%
	Writing grade 5	24%
Hawley	Math grade 3	38%
	Math grade 5	41%
	Reading grade 3	36%
	Reading grade 5	52%
	Writing grade 5	47%
Moorhead	Math grade 3	38%
	Math grade 5	30%
	Reading grade 3	39%
	Reading grade 5	38%
	Writing grade 5	47%
Ulen-Hitterdal	Math grade 3	41%
	Math grade 5	16%
	Reading grade 3	37%
	Reading grade 5	32%
	Writing grade 5	44%

Source of data: Minnesota Department of Children, Families and Learning

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	Students "Passing" the Basic Skills Tests	1997-98
Dilworth-Glyndon-Felton	Math grade 8	78%
	Reading grade 8	72%
	Writing grade 10	--
Barnsville	Math grade 8	65%
	Reading grade 8	55%
	Writing grade 10	--
Hawley	Math grade 8	79%
	Reading grade 8	76%
	Writing grade 10	--
Moorhead	Math grade 8	80%
	Reading grade 8	73%
	Writing grade 10	--
Ulen-Hitterdal	Math grade 8	67%
	Reading grade 8	64%
	Writing grade 10	--

Source of data: Minnesota Department of Children, Families and Learning

Systemic, Organization, and Community Change

Outcome: ***Improved family satisfaction with programs or services***

	Survey Respondents checking a 4 or 5 (1= not at all, 5 = very much) For Each Statement	1997 (N = 97)
Clay County	*Local collaborative efforts have helped local agencies work together more effectively*	70.1%
	Local collaborative efforts have improved services to children and their families in your area	70.1%
	Interagency collaborative planning has led to improved coordination between service providers	72.2%
	Providers who serve children in your community are able to function together as a unit to achieve common goals	72.2%
	Advantages of interagency collaboration outweigh the disadvantages	83.5%

Source of data: Special survey by collaborative (Supporting Children and Families Survey)

Outcome: ***Increased number and proportion of service providers indicating improved resource sharing among agencies***

	Survey Respondents checking a 4 or 5 (1= not at all, 5 = very much) For the Following Statement	1997 (N=97)
Clay County	*Extend providers who serve children in your community make effective joint decisions through collaborative interagency mechanisms*	44.3%

Source of data: Special survey by collaborative (Supporting Children and Families Survey)

Performance indicators for which current data not available:

- Number and proportion of agencies using a shared standardized intake process for families and children
- Number and proportion of agencies using a shared unitary case management approach to family services
- Number and proportion of agencies using a shared standardized family assessment instrument
- Number and proportion of agencies participating in cross training as a way to integrate services
- Number and proportion of providers indicating reduced duplication of services
- Number and proportion of agencies that address specific needs related to the culture, abilities, gender and ethnic backgrounds of their clients

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CLAY COUNTY DATA DEFINITIONS

Family Functioning

Children receiving free or reduced-price school lunch – is the percentage of children approved to receive these meals in October of each school year. Children with family incomes between 130% and 185% of poverty pay a reduce price for their meals at school. Children with family incomes below 130% of poverty receive free meals. Not all eligible children participate in this program.

Children receiving AFDC – is the monthly average of all children receiving payments from Aid To Families with Dependent Children (AFDC) between July 1 and June 30 of the selected fiscal years. The percent of children receiving AFDC is the number of children receiving AFDC divided by the estimated total number of children.

Families receiving services with improved scores on family functioning – is the number and percentage of families receiving services who improve scores on the Child and Adolescent Functional Assessment Scale (CAFAS) which is given by a service provider staff member.

Child maltreatment – is the number and rate per 1,000 of children physically or sexually abused, neglected, or subjected to mental injury.

> **Children abused and neglected** – is the number of children for whom a report of child abuse or neglect was substantiated by a county child protection worker. Substantiated abuse means that the local social service agency has conducted an assessment in response to a report and has found that maltreatment occurred.
>
> **Children abused (physically, sexually, neglect or mental)** – is the number of children who were determined to be victims of physical, sexual, neglect and/or abuse.

Domestic violence clients – is the number of clients including primary and secondary victims seen during a given year. Continuing clients are those seen during a given year but who were new clients in another year.

Children in out-of-home placement – is the unduplicated number of children who were placed in foster care, group homes, emergency shelter or residential treatment facilities.

At-risk indicators or negative behavior – is the percentage of students reporting negative behavior in the MN Student Survey (defined below). According to Search Institute, at-risk behaviors have the potential of jeopardizes students' future and interferes with their healthy development; "and in this sense, each of these places a young person at risk."

> **Use of alcohol** – is the percentage of students who said they used alcohol about monthly or weekly.
>
> **Attempted suicide** – is the percentage of students who answered "Yes, during the past year" or "Yes, more than a year ago" to the question " Have you ever tried to kill yourself?"
>
> **Physically abused or saw abuse**- is the percentage of students who answered "Yes" to either of two questions: "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?" or "Has anyone in your family ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?"

Sexually abused – is the percentage of students who answered "Yes" to either of these two questions: "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually or "Has any older or stronger member of our family ever touched you sexually or had you touch them sexually?"

Family alcohol abuse – is the percentage of students who answered "Yes" to the question "Has alcohol use by any family member repeatedly caused family, health, job or legal problems?"

Sexually active – is the percentage of students who answered "Yes, once or twice" or "Yes, three times or more" to the question "Have you ever had sexual intercourse (gone all the way)?"

Smoking – is the percentage of students who reported that they smoke on a weekly basis.

Fighting – is the percentage of students who reported one or more instances in response to the question "During the last 12 months, how often have you hit or beat up another person?"

20 at-risk indicators – is the percentage of students who experience 5 or more of the 20 at-risk indicators. The list of 20 at-risk indicators, each of which have the potential to limit productivity and/or emotional well-being during adulthood is: frequency of alcohol abuse, binge drinking, driving after drinking, riding after drinking, cigarettes, chewing tobacco, problem drug use, sexually active, contraceptive use, depression, attempted suicide, bulimia, gang fights, weapon use, police, theft, school absence, school dropout, physically abused, sexually abused.

Protective factors in youth – are the potential conditions that reduce the risk of alcohol, tobacco and other drug-related problems for youth according to Minnesota Health Profile report. These factors or indicators are adapted from the MN Student Survey (defined below)

Volunteer/community service – is the percentage of students who reported spending 1 or more hours in a typical week doing volunteer/community service. 1992 percentages are not being reported as the 1995 MN Student Survey question changed deleting "16-20 hrs, 21-40 hrs, and 41+ hrs."

Involved in school activities – is the average percentage of students who reported spending 1 or more hours in a typical week in playing sports on a school team. 1992 percentages are not being reported as the 1995 MN Student Survey question changed from "organized sports" to "playing sports on a school team.

Parent communication – is the average percentage of students who answered "Most of the time" to the statements "can talk to father about problems" and "can talk to mother about problems."

Family support – is the percentage of students who answered "Very much" to the question "How much do you feel your parents care about you?"

Positive school climate – is the percentage of students who answered "Very much" to the question "How much do you feel school people care about you?"

High self esteem – is the average percentage of students who answered "Agree" to the statements "usually feel good about self," able to do things as well as peers," and satisfied with self on the whole."

Assets in youth – is the percentage of youth who meet the vision for having 20 or more of the 30 assets present in their lives. Note: at the time of the 1994 survey there were 30 assets; Search now has 40 assets. Search Institute administered this study in February, 1994 to all students in grades 6 through 12 at Robert Asp School, Moorhead Junior High, and Moorhead Senior High.

Structured youth activities – provide a resource for positive youth development and include involvement in extracurricular activities (and/or non-traditional activities) and other school and community involvement and programs. According to Search Institute these orchestra, music lessons, or practicing musical instrument, team sports at school, clubs or organizations at school, and outside of school, church or synagogue programs or activities.

Positive school climate – is the percentage of students who perceive a positive school climate. It is the average of students answering "Yes" to the following questions: " My teachers really care about me" and "I get a lot of encouragement at my school; " and students answering favorably to "My teachers don't pay much attention tome – disagree or strongly disagree."

Positive parent influence – is the percentage (average) of students who report good conversations with parents that lasted 10 minutes or more, once or more during last month and whose parents ask where they are going or with whom they will be, most or all of the time.

Positive adult influence other than parent – is the percentage (average) of students who report good conversations with other adults that lasted 10 minutes or more, once or more during last month and who have access to 3 or more caring adults.

Search Institute study – is a profile of student life: attitudes and behaviors. The study was administered to all students in grades 6 through 12 at Robert Asp School, Moorhead Junior High, and Moorhead Senior High.

MN Student Survey – is a survey of 100 questions given to sixth-, ninth-, and 12th- grade students every three years by the Minnesota Department of Children, Families and Learning, however; the indicators report only the results from ninth- and 12th- graders.

Child and Family Physical and Mental Health

Children receiving age-appropriate immunizations – is the percentage of children receiving age-appropriate immunizations who enrolled in a kindergarten program in Clay County Schools for the school year 1992-93 and 1996-97. MN Department of Health conducted this study in 1992-93 and again in 1996-97.

Children fully immunized by age 2 – is the percentage of kindergarten students in the 1992-93 and 1996-97 school year who have been immunized, according to the MN Department of Health's Kindergarten Retrospective Study. This study was conducted first in 1992-93 and again in 1996-97.

Children covered under health insurance plans – is the percentage of children under 18 covered by health insurance.

Children born with two or more health and environmental risks – is the percentage eof infants born with two or more health or environmental risks such as late or no prenatal care, low maternal weight gain, smoking during pregnancy, three or more older siblings, or closely spaced births.

Children born at low birth rate – is the number of infants born weighing less than 2500 grams or 5.5 lb., including those born prematurely (before 37 weeks). The percent of children born at low birth weight is the number of low birth weight children divided by the total number of births.

Births to mothers with no prenatal care – is the number and percentage of newborns whose mother had not seen a doctor before her seventh month or at any time during her pregnancy.

Prenatal care first trimester – is the percentage of mothers receiving prenatal care first trimester. Trimester of prenatal care is calculated from gestational age.

School Performance

Minnesota Comprehensive Assessment Test – All public school third and fifth graders are tested in reading and mathematics; fifth graders are also tested in writing. Students cannot pass or fail these tests. These assessments are designed to evaluate student progress toward the new MN High Standards, to help schools and districts in improving achievement over time, and to generate information for school improvement and accountability. MN 3rd and 5th graders took the MN Comprehensive Assessment tests for the first time in 1998. Scores are grouped in four levels, with level 4 the highest. Students scoring at level 3 or 4 are on track to achieve the High Standards in high school.

Minnesota Basic Standards Test – All Minnesota public school students must pass this test before they can graduate. These are first given in 8th grade and measure minimum literacy in reading and mathematics. The writing test is given in 10th grade. One of the new graduation requirements for all public school students is a passing score of 75 percent on Basic Standards tests in math and reading. The test is required of all districts beginning 1998, with 78% of MN 8th graders taking the test during the phase in time, 1996 and 1997. Starting in 1999, students also must pass a writing test given in the 10th grade.

Children dropping out of school – is the number of students who were enrolled in school during the previous school year and were not enrolled by October 1 of the current school year. The percent of students dropping out is the number of students dropping out divided by the total enrollment of grades 7-12. This definition was new as of the 1993-94 school year; previously, a student was counted as "dropping out" if they were not enrolled by the beginning of the next school year.

Systemic, Organization, and Community Change

Working together more effectively – is the frequency of responses of those indicating "None or not at all" to "very high or very much" or 1 - 5 on a five-point scale, 5 being the highest possible rating, to the question "Do you think that local interagency collaborative efforts have helped local agencies work together more effectively?"

Improved services to children and their families – is the frequency of responses to the question "Have local interagency collaborative efforts improved services to children and their families in your area?"

Improved coordination between service providers – is the frequency of responses to the question "Do you think that interagency collaborative planning in your community has led to improved coordination between service providers?"

Achieve common goals – is the frequency of responses to the question "To what extent are the providers who serve children in your community able to function together as a unit to achieve common goals?"

Advantages of interagency collaboration – is the frequency of responses to the question "Currently, do the advantages of interagency collaboration in your community outweigh the disadvantages?"

Effective joint decisions – is the frequency of responses to the question "To what extent do providers who serve children in your community make effective joint decisions through collaborative interagency mechanisms?"

Two Year Outcome Report

Crow Wing County
Family Services Collaborative

SETTING

Minnesota for risk factors adversely affecting the health of children and families by Kid's Count 1994. The Early Childhood Family Education (ECFE) program also identified CWC as having the least comprehensive family resource and support services. CWC's risk indicators fall within three broad groups: family economics, birth circumstances, and "signs of trouble."

Focus groups and need assessment surveys showed that families were frustrated with their efforts to access necessary services. Both middle level and line staff in agencies acknowledged the service delivery system had become increasingly bureaucratic, fragmented, and not "user friendly." While there were the expected turf issues and resistance to change, this was outweighed by a history of good relationships between the organizations.

Crow Wing County has a long history of interagency cooperation. The Interagency Early Intervention Committee (IEIC), Community Transition Interagency Committee (CTIC), and Local Coordinating Council (LCC), have been meeting since 1987. In the early 1990's, individuals from the various agencies started to look at the current way of doing business and wondered if a better model was available. In 1993, information became available regarding Family Services Collaborative (FSC) legislation. The carrot of implementation grant dollars became another motive for our group to accelerate its efforts to meet the mandates of the Family Service Collaborative.

In 1994, a shift in political winds occurred after the elections. Some county board members were skeptical of the state's motives in promoting collaboratives. Also, the Social Service Director, a supporter of the FSC, resigned in early 1995. Unfortunately, but realistically, given those circumstances, the other partners were not rushing to sign interagency agreements with their county partners.

We have worked through most of those obstacles, and our progress has been slow but steady. Leaders at all levels are committed to a vision of seamless service delivery for children and families in our county that is respectful, choice based, and strengthens and empowers all families.

OVERVIEW OF THE INITIATIVE

The CWC Family Services Collaborative uses an interagency agreement. As the Collaborative matures and if funds are increased, and/or the infrastructure becomes more defined, other binding agreements will be considered.

The Governing Board has been restructured to include mainly elected officials who are accountable to taxpayers for budgetary priorities. It meets quarterly and is not involved in the day to day operation of the Collaborative. The Governing Board includes one school board

member from each of the three school districts (Brainerd School District, Crosby-Ironton School District, and Pequot Lakes School District); three county board members, each representing a specific county department (i.e., Social Services, Health, and Corrections). In addition, Tri-County Community Action has a county commissioner representative.

The Collaborative Council meets monthly to set the Collaborative's agenda and priorities, develop strategies, make fiscal decisions, and serve as liaison between the many Collaborative organizations in the community and the formal governance structure. The Collaborative Council has ten representatives. These representatives are from the three school districts, County Social Services, County Health, Community Corrections, the Paul Bunyan Special Education Department, Tri-County Community Action, the County Attorney, and one representative from the Local Coordinating Council. The committee will hire a Collaborative Administrator as soon as funds are available. This administrator will be responsible for communicating with the advisory and family care teams and facilitating communication among all the groups.

We have identified the assets within the community and learned the roles of each partner in relationship to children and families. This helped the partners define each agency's mission and articulate separate and common goals for improving services. The Collaborative Council also reviewed the needs assessments completed by various community groups. Based on the results, the majority of dollars from the Family Service Collaborative implementation grant are used for the mental health needs of youths identified as "at risk" in the three school districts. The programs were designed to reflect the distinct needs of each school district, and the goal was to enhance local services by providing ancillary or needed support services to existing programs.

STATUS OF KEY COLLABORATIVE STRATEGIES

The Crow Wing County Family Services Collaborative has been implementing the following strategies to strengthen and empower families and individuals during the past two years.

General Operation of the System:

- Continue development of services that are co-located in convenient and accessible sites.
- Increase awareness among agencies and professionals of services provided and programs available for children and families working toward a standard system of intake and referral.
- Enhance the ongoing activities of the Interagency Early Intervention Committee
- Implement Collaborative management and funding strategies; ongoing review and evaluation of the management structure and fiscal arrangements.
- Advisory Groups include the Chemical Dependency Collaborative, Local Advisory Council, Community Asset Builders, Coordinating Area Resources Effectively, Child Abuse Prevention Council, Child Protection Team, Volunteer Coordinators, Community Transition Interagency Committee, Community Health Assessment and Improvement Taskforce, Cuyuna Range Safe Communities Program, Family Links, Family Preservation and Support, Healthy Community Steering Committee, and Interagency Early Intervention Committee.

- Social Services remain the fiscal agent; work has progressed from "dividing up the pie" to "what kind of pie shall we make and who can bring what?"

Providing Integrated Services:

- Implement a system of initial outreach to all new mothers as well as periodic visits to children who are potentially at risk.
- Continue support to the County Public Health Home Visit Program, IEIC activities, and the development of specialized health curriculums.
- Support and expand comprehensive mental health services to students and their families.
- Assist families in accessing services through coordinated and ancillary services.
- Offer services to the "at-risk" population, not just to those children who meet criteria for categorical programs.
- Establish discretionary funds for respite or other supplementary wraparound services identified by family and case managers.
- Provide funding for accessing existing programs and enable targeted students to access them by contracting for supportive assistance.
- Develop specialized health curriculum for youth-at-risk.
- Provide Public Health Nursing assessments, consultation, and home visits for identified students and families.
- The Collaborative partners arranged for wraparound training in the county. We established a wraparound fund for any referrals. Funds were set up to address respite, transportation, and funding which would support family needs. In our first year, we had over 80 uses of the wraparound fund.

OUTCOMES

The Crow Wing County Family Services Collaborative focused its outcome evaluation efforts on assessing indicators in four key areas: organizational and systemic change, child and family health, child mental health, and school performance.

Organizational and Systemic Change

Short-term indicator: Increase coordination among service agencies.

- *The Collaborative Council is recommending that "Coordination" be one of four outcomes. The five targeted areas for coordination are: facilities,transportation, coordinator (start out with a half time position), reduce redundancy and duplication, integrated fund.*
- *The Brainerd School District, Head Start, Paul Bunyan Special Education and Public Health will be coordinating and co-locating early childhood screening and child check ups beginning the fall of 1998. The partners have agreed on standard forms for the project.*

- *Through the Family Preservation Grant, a social worker is now available weekly in each of the ten elementary schools in the county.*
- *All three school districts also have access to the Resource Team.*
- *The Healthy Communities Steering Committee is updating the CARE Resources Manual and plans countywide distribution in early 1999.*
- *The L.A.C. is collaborating with other groups to avoid duplication while expanding its mailing list and increasing the frequency of its newsletter from quarterly to bimonthly.*

Child and Family Health

Short-term indicator: Increase home visits to all new mothers of infants born at St. Joseph's Medical Center Cuyuna Regional Medical Center.

We have collaborated with Cuyuna Regional Medical Center to develop a Universal Home Visit Program to all new families that delivered babies at its facility. Through July 1998, the first year of the program, 25 referrals were made.

Short term indicator: Increase PHN assessments to children as requested by collaborative partners

Public Health Nurse Visits

	7/1/96-6/30/98	7/1/98-6/30/2000
Prenatal	*803*	
Postpartum	*422*	

Long term indicator: Increase percentage of children who are immunized on time

Status of Childhood Immunizations

Primary Series Completed by 24 Months of Age

	1992-93	1996-97
% children	*60%*	*69%*

Source: The Retrospective Kindergarten Survey

Long term indicator: Decrease rate of teenage pregnancy (younger than 18 years old.)

Birth rate of Mothers under 18

(Live births per 1000 females)

	1993-95	1994-96
Crow Wing	*37.5*	*27*
State of MN	*31.0*	–

Source: Minnesota Department of Health Statistics

Child Mental Health

Short-term indicator: Increase access for students to Day Treatment mental health services

From 1994-1996, the Brainerd School District and Crow Wing County Social Services served 100 students that will be our baseline.

Short-term indicator: Increase access to alternative learning programs with support services.

Pequot Lakes Schools provided support services and expanded comprehensive mental health services to students and their families. During the 1997-98 school year, they assessed students who were not successful in the normal school setting in grades 6, 7, and 8 and provided 14 with an alternative learning environment in a school-within-a-school setting. The Crosby-Ironton School District had 22 students in its alternative program during the 1997-98 school year.

Long term indicator: Decrease the number and proportion of children placed in out-of-home services settings.

Out-of-home Placements for Crow Wing County	
1991-1992	*228*
1993-1994	*247*
1995-1996	*204*

Source: Children's Defense Fund

School Performance

The Crow Wing County Teen Pregnancy Prevention Project received MN ENABL funds to educate and support adolescents in their decision to postpone sexual involvement.

During 1997-98, public health staff, school faculty, school nurses, and social services staff coordinated efforts to work on persistent lice problems. Educational material was developed for use with families, providers, and school district personnel. The group completed work on criteria for use of funds to assist needy families to eliminate persistent lice problems.

Short term indicators: Increase the rate of school attendance.
Decrease the rate of students dropping out of school.

Year	*Attendance*	*# of Drop-outs*	*Percentage dropping out*
1991-1992	*Data Not Available*	*180*	*4.4%*
1993-1994	*Data Not Available*	*235*	*5.0%*
1994-1995	*Data Not Available*	*319*	*6.5%*
1997-1998	*94%*	*Data Not Available*	*5.0%*

Source: School District Records; Children's Defense Fund

LESSONS

Our work as a Family Services Collaborative has been instructive on various fronts. Lessons learned include:

- It takes a considerable length of time to establish trusting relationships among Collaborative participants. Part of the difficulty comes in protecting budgets that are already very strained.
- Consideration needs to be given to expanding the Collaborative Council. We want our Collaborative to be viewed as inclusive yet functional. We are struggling with identifying all the parties that should be included on the Collaborative Council.
- The need for a long-term plan is apparent. There are so many needs in the County that without a good long-term plan, our funding of various initiatives might be shortsighted and not contribute to the long term good.
- By working collaboratively, we can gain efficiencies and avoid duplication of effort and services.
- One must view issues from a broader perspective, i.e. working with the whole family as opposed to an individual child.
- Given all the entities that want input and the requests for services, it requires a half- to full-time coordinator to be assured that program goals are met and families are being dealt with appropriately.

For legislative consideration:

- Make a long-term commitment to the funding of Collaboratives.
- Attempt to have more of the state and federal grants funneled through the Collaboratives.
- Provide all the local autonomy possible to assure that family needs can be addressed creatively and efficiently.

Two Year Outcome Report

Faribault & Martin Counties
Family Services Collaborative

SETTING

Faribault and Martin Counties, located in South-central Minnesota, have a long history of collaboration. Seeking funding for the development of a Family Services Collaborative for the two counties was a logical next step to build on the current bi-county Human Services Board and the numerous interagency agreements already in place. The two counties have a combined population of 35,500. Population within the two counties has decreased about 10,000 between 1960 and 1990. Martin County has an equal population split between rural and urban. Faribault County is much less urban with over 77% of the residents living in rural areas. The vast majority of the population in both counties is white Protestant with only 1.7% of the residents being other than white. Young people 19 years of age or younger comprises 29% of the total population. Per capita income and median income for both counties is slightly lower than the statewide average. About 14% of the residents are below the poverty level. Within the two counties are six (6) Independent School Districts.

The impetus for creation of the Family Services Collaborative of Faribault & Martin Counties came from the need to formalize the existing partnerships and to develop an entity that would allow the community agencies to partner funds, time, staff, and other resources to better meet the needs of children and their families. The ever increasing demand for out of home placement of children was highlighted through various assessment activities which identified priority problems and concerns focused on early intervention needs. Among some of these needs identified were: poor parenting skills, dysfunctional families, abused/neglected children, teenage pregnancy problems, and child behavior problems. The Family Services Collaborative was formed to build upon existing early intervention services, expand existing services, and collaboratively plan for more effective and efficient methods of meeting the needs of children and families within our two counties.

OVERVIEW OF THE INITIATIVE

During the past two years, the following three goals from our initial project request were addressed:

1. To meet agreed upon needs of children and families by establishing a formal collaborative entity within Faribault and Martin Counties which will allow multiple agencies/organizations to work more efficiently and effectively with families to coordinate resources and efforts;
2. To improve the families' functioning by promoting healthy child development, positive parent/child interaction, positive parenting, and by assuring families have identified medical resources; and

3. To improve children's developmental and educational achievements through prevention of and early intervention in child and parent problems that negatively impact the child in school.

The Family Services Collaborative of Faribault & Martin Counties was initially established by means of an Interagency Agreement signed by the Human Services of Faribault & Martin Counties (Public Health, Social Services, Income Maintenance, and Mental Health) and the six Independent School Districts within the two counties. Later in the first project year, Corrections from both Faribault and Martin Counties became a Collaborative partner. Most recently, during the second project year, the Southern Plains Education Cooperative joined the Collaborative. The Collaborative is governed by a Management Team with membership consisting of representation from the various participating partners and citizen/parent members of the Human Services Board. A Collaborative Advisory Committee has also been developed with citizen and agency/organization membership necessary to assure broad community involvement in the Collaborative's planning and strategy implementation activities.

The most important Collaborative accomplishment was becoming a major player in Faribault and Martin Counties' working with the State Departments of Human Services; Health; Children, Families, and Learning; and Corrections to develop model integrated plan guidelines and to complete a truly integrated plan. The result of this effort is "Partnership For Action 1998-1999", a single integrated plan for Corrections, Family Services Collaborative, Health, and Human Services.

A second major initiative carried out during the first two years of the Collaborative related to the expansion of "shared school social workers" to all six independent school districts within the two counties. The social workers are employees of the school districts shared with the Collaborative and supervised by the Mental Health Unit of Human Services. The two largest school districts (Fairmont and Blue Earth) have also been able to expand the shared school social worker program into their middle schools.

A third initiative to address the key Collaborative goals focused on expansion of the "Healthy Families Program" screening and assessment activities to include our residents who deliver babies outside of the original five (5) agreement hospitals. From the start of the Collaborative Project to the date of this report, Healthy Families assessment and screening within our two counties has reached an average of 78% of all families delivering infants. During the first quarter of 1998, 100% of the families who were offered home visiting accepted the services.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past two years, the Family Services Collaborative of Faribault & Martin Counties has focused on a number of key strategies addressing activities related to the general operation of the system and activities directly related to providing integrated services.

Activities related to the general operation of the system:

- Partners will develop and maintain an Interagency Agreement allowing for the stable and ongoing operation of a Family Services Collaborative. Additional partners will be brought into the Collaborative as appropriate. This Agreement is in place and the Southern Plains Special Education Cooperative was just brought into the Collaborative as an added full partner.

- A bi-county Collaborative governance structure was developed during the first year and modified / expanded during the project's second year. The Collaborative is governed by a Management Team with representation from the following partners: Human Services of Faribault & Martin Counties (Social Services, Mental Health, Public Health, Income Maintenance); Corrections from both counties; and all six Independent School Districts from within the two counties and recently the Southern Plains Special Education Cooperative.

- Collaborative partners work on overall goals, objectives and outcomes. Collaborative partners have worked together in the development of a 1998-1999 single integrated plan (Partnership For Action) involving Corrections, Family Services Collaborative, Public Health, and Human Services (Social Services, Mental Health, Income Maintenance). The plan has been approved by all necessary State Departments.

- Staff and agencies that share the same client will work together in the delivery of services. This strategy appears in the integrated plan and involves all of the plan partners previously mentioned.

- Agencies will commit staff time to provide service orientation (cross-training) for the purpose of assuring coordinated service delivery. Again, this strategy within the integrated plan involves all plan partners and the training schedule will be developed by July 1, 1998.

- Numerous strategies are in place regarding the Collaborative Partners' efforts to assure community members are aware of, and participate in, client focused teaming activities such as the Client Assistance Process, Local Coordinating Councils, and Child Protection Teams.

Activities directly related to providing integrated services:

- The Collaborative has established a Shared School Social Worker presence within each of the six Independent School Districts to identify high risk behavior, provide parenting education, role modeling, and support for children (K-8) and their families in school and home settings to facilitate successful functioning.

- The Collaborative has been able to expand Healthy Families early identification to all new families which allows more overburdened families to receive home visiting services.

- The Collaborative has developed and manages a discretionary fund account to provide funding, as a payer of last resort, to preserve or reunite a family unit.

- The Collaborative is exploring the possibility of coordinating existing local resources to provide for 30-day comprehensive assessments of a child (physical, psychological, social, family, environmental).

- Formal procedures were implemented for jointly reviewing difficult cases and minimizing service duplication.

- Twenty-one (21) Client Assistance Process (CAP) meetings have been held during the Collaborative's two year history. These CAP meetings are for the purpose of problem solving issues for families. The public health nurse, financial worker, social worker, and mental health worker all meet with the client (and their families members), and the client's identified case managers to problem solve client issues. Many community providers including physicians, job services staff, school staff, guardians/conservators, etc., have also participated in the CAP process.

- Collaborative partners have worked closely with the Health Plans under the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare programs to develop strategies to improve families' access to preventative services. Among some of the successful strategies are: (a) the distribution of car seats to eligible families with small infants; (b) distribution of gift certificates for attendance at ECFE; for participation in pre-natal doctor visits; for bringing children in for immunizations; and for involvement in Healthy Families home visits.

- Interagency Early Intervention Committee (IEIC) screening committees meet once a month during each school year. The committee reviews referrals and assigns follow-up to the most appropriate discipline. Participants in the screening committees includes representatives from the area medical clinics, schools, Human Services, Head Start, Early Childhood Family Education, Department of Health, parents, and the public.

- The Collaborative will develop a listing of possible community-based resource/programs for at-risk youth by 6/1/99. Currently, this activity is ahead of schedule with a projected completion date of 9/1/98.

- A Human Services position has been dedicated to immunization activities. The Department also implemented a recall system for all children registered and are working with area medical clinics and schools to develop a regional immunization registry.

OUTCOMES

The Family Services Collaborative of Faribault & Martin Counties has chosen to focus its outcome evaluation efforts for the first two years of operation on the following categories: Organizational and Systemic Change; Child and Family Health; and Family Functioning.

Organizational and Systemic Change

Short term indicator: Increased access to services through interagency agreements.

Agreements are in place to ext nd the Healthy Families' early identification and home visiting services to cover deliveries taking place outside of original program contracted hospital settings. Agreements are also in place to provide shared school social worker programs in all six Independent School Districts within the two counties. An agreement is in place with Corrections Services in both Faribault and Martin Counties for development of the Integrated Plan.

Short term indicator: Increased opportunities for cross training and inter-organizational staff development.

The preparation of an interagency training schedule for the remainder of 1998 and all of 1999 will be completed by July 1, 1998. This training schedule will also address how to deliver integrated services within the constraints of the Minnesota Government Data Practices Act.

Short term indicator: Increased communication between agencies.

Collaborative partners have not only developed the Integrated Plan (a process that involved significant and positive communication efforts), but will monitor the Plan's outcomes through the joint preparation and presentation of Plan Quarterly Reports. Numerous Plan strategies involve greater teaming activities of partner agencies in meeting needs of children and families.

Short term indicator: Improved effectiveness of the children's mental health program.

The Family Services Collaborative has set a goal of obtaining approval as a Children's Mental Health Collaborative.

CHILD AND FAMILY HEALTH

Short term indicator: Decrease in rate/number of teen pregnancies.

Number of Teen Pregnancies	
1996	*30*
1997	*25*
1998 (1st quarter)	*1*

Short term indicator: Increase in number of newborns/parents at risk that receive home visits.

Healthy Families Cases	
6/3096	*79*
3/30/98	*117*

Seventy-eight percent of all families delivering infants from the two counties were screened. The target percentage is 95%. One hundred percent of the families who were offered home visiting accepted the service in the first quarter of 1998.

Short term indicator: Increased opportunities for improved new parent knowledge of child development.

Information has been sent out to families within Faribault and Martin Counties. This "mail-out" is a Collaborative effort between Interagency Early Intervention Committee (IEIC) and Human Services (Public Health). In the period from July 1, 1997 through June 30, 1998, 187 families received educational information.

Short term indicator: Increased opportunities for child/family participation in prevention or intervention programs.

Shared School Social Worker Program

	Workers	*Schools*
1996	*4*	*within 4 elementary schools*
1997	*7*	*within 6 schools (4 elementary and 2 middle schools in largest school districts)*

Number of Children Served	
1995-96	*282*
1997-98	*356*

Number of families at risk receiving Healthy Families home visit services

6/3096	*79*
3/30/98	*117*

Short term indicator: Increase rates of completed immunizations

For the first quarter of 1998, 95% of the children served by the Healthy Families Program had current immunizations. A target has been established that by January 1, 2000, 90% of all two-year-old children within Faribault and Martin Counties will be fully immunized. Baseline data from 1991 indicates that 43% of two-year-olds were fully immunized. The Department of Public Health is awaiting training from the Minnesota Department of Health in order to use available systems to obtain data for this indicator.

Long term indicator: Increase in youth assets

Baseline data is being developed based on the Search Institute's 40 Assets Checklist.

Data is not yet available for the following indicator:

–Increase in rates of participation in Child & Teen Checkup Program

Family Functioning

Short term indicator: Decrease in reports of substantiated child abuse and neglect.

Baseline indicators report that in 1996 there were 109 reports of substantiated abuse an/or neglect in the two counties. 1997 shows a decrease of substantiated cases (103) in Faribault and Martin Counties.

Data for the Health Families Program indicates that only 3% of the children being served by this Collaborative program have, over the last three years, experienced substantiated maltreatment, compared with a national rate of 20% for families at risk (Source: Hawaii Family Stress Center, Honolulu, HI). Most of the families which experienced maltreatment were outside Healthy Families' home visit protocols at the time of maltreatment.

Short term indicator: Increase the number of parents receiving parent skills training.

Trainings provided by Shared School Social Workers

Number of Families	
1995-96	*229*
1997-98	*322*

Trainings provided by Healthy Families Program

Number of Families	
6/30/96	*79*
3/30/98 (1st quarter)	*117*

Other partners, including Corrections, Social Services, and Mental Health, provide parent skills training as part of their routine work with families.

Long term indicator: Decrease in number of children in out of home placements.

Through the Integrated Plan currently in place, we now have the capability of maintaining out of home placement data involving all plan partners, including placement days by program, and cost of care by program on a quarterly basis. This coordinated data was unavailable prior to this quarter.

Children in Out of Home Placements

1/1/98-3/30/98

Children and Family cases	*39*
Mental Health cases	*19*
Developmental Disabilities cases	*6*
Chemical Dependency cases	*8*
Court Services cases	*46*
BASELINE TOTAL	*118*

Short term indicator: Decrease the rate of child in-home injury (requiring medical attention)

The families served by the Health Families program maintained a rate of in-home injury to children of 3% in 1996. The national pre-school home injury rate is 20% (Source: Morbidity and Mortality Weekly Report, 1994).

LESSONS

Lessons learned during the two year development of the Family Services Collaborative of Faribault & Martin Counties relate to the uniqueness of our bi-county people and our ongoing willingness and desire to work together. Building a Collaborative using an already existing Joint Powers Human Services Board for the two counties as a base proved to be somewhat problematic as viewed by the involved State Departments. The Collaborative has worked through the problems with the State Departments and has clearly shown that collaboration (partnering) can take place in a formalized manner without the need to expend limited funds for staff/administrative expenses for the Collaborative. A separate "bureaucratic structure" known as a Collaborative does not need to be developed in order for willing partners to operate as a Family Services Collaborative.

The Collaborative has also learned that joint planning with all partners builds and enhances communication between the partners resulting in more effective and integrated services to children and families. The very tasks of plan development and plan monitoring bring partners together in ways not previously understood or achieved. Joint ownership of plan strategies and the obvious need for increased cross training between partners to effectively carry out those strategies are some of the more important benefits. Parents, families, and the community in general become more excited and willing to become involved in activities generated through an integrated planning process.

Faribault and Martin Counties have had a long history of "collaboration." The opportunity to formalize and build on that history was enhanced through the development of the Family Services Collaborative.

Two Year Outcome Report

Freeborn County
Family Services Collaborative

SETTING

The Freeborn County Family Services Collaborative initiative (FCFSC) was created by a 1996 Joint Powers Agreement involving the City of Albert Lea, Independent School District 241 (Albert Lea Area Schools), and Freeborn County (including Human Services and Public Health). The geographic area includes all of Freeborn County, with a population of approximately 33,066. When the planning process began in 1993, Freeborn County's teen birth rate was the eighth highest in the State. FCFSC saw this as an important issue. If births to teens could be reduced, the impact would be profound in terms of the following outcomes: 1) more students graduating from high school, 2) fewer teenagers on welfare, 3) increased capacity in the workforce, and 4) decreased number of child maltreatment cases. The high teen birth rate initially guided the work of FCFSC and the community mobilized around this issue.

As the planning process continued, ten additional issues have guided the work of the members:

- Alcohol abuse within the family
- Alleged maltreatment of children
- Determined maltreatment of children
- Infant death rate (up to 12 months)
- Out-of-wedlock birth rate
- Family physical abuse rate
- Highest percentage of eligible children not served by Head Start
- Low immunization rate of 2-year-old children
- Juvenile arrests
- Suicide attempts by female students

The following factors were determined to hinder the delivery of effective and efficient programs and services include:

- No central service location
- Some communication failure among agencies (leading to a frustrating duplication of services stemming from a lack of knowledge of what's going on in the community)
- Lack of shared information
- Variety of difficulties with data practices regulations

- Limited time and financial resources
- Funding regulations which prevent co-mingling of certain monies
- Trust, respect, and turf issues

More important, the community elected to identify and capitalize on a number of assets:

Assets related to children and families

- Youth and adults are willing to volunteer time to reduce the teen pregnancy rate
- Parents want to be good parents
- Community role models are willing to mentor youth
- Existing connections among families, neighbors, and community members
- The Search Institute Study identified four areas in which Freeborn County youth scored significantly higher than the national average: 1) involvement in community organizations or activities, 2) involvement in church or synagogue, 3) educational aspiration (post high school), and 4) valuing sexual restraint.

Assets related to the service system

- An effectively functioning Interagency Early Intervention Committee and Community Transition Interagency Committee
- A successful pilot project focusing on teen pregnancy prevention and support that relied on many in-kind staff hours from Public Health, Naeve Hospital, Planned Parenthood, Albert Lea Area Schools, Extension Service and volunteer hours from Birthright, Southwest PTO, and peer and adult educators/facilitators
- A communications/parenting skills class offered to teen parents in the Alternative Learning Center staffed by Freeborn County and Albert Lea Area Schools
- A day treatment program at the middle, junior high, and high school buildings staffed by Freeborn County Human Services and Albert Lea Area Schools
- A youth anger management program established collaboratively by Freeborn County Court Services, Human Services, Riverland Community College, and private agency personnel.

OVERVIEW OF THE INITIATIVE

The goal of FCFSC is to improve the outcomes of Freeborn County children and their families by developing a comprehensive system of collaborative services including outreach and early identification to improve the ability of families to meet the needs of their children.

During the past two years, FCFSC has:

Expanded its Responsible Adolescent Project (teen pregnancy prevention and support) into three school districts (now impacting every district in the County). The Board of Directors approved the Steering Committee's recommendation to contract for the coordination of this project beginning July 1, 1997. Abstinence-based, week-long curricula are taught by teen edu-

cators to health classes in Freeborn County. Radio ads advocating abstinence are now written and produced exclusively by students. Students also create billboard designs. Baby Think It Over Dolls are being used in four school districts. In addition to these prevention activities, a Childbirth Education Class for expectant teens is offered three times a year; enrollment has increased from 3-4 per class to 11-12 per class, while the teen birth rate (ages 13-17) has decreased.

Facilitated the start of a Public Health/Early Childhood Family Education intensive home visiting program for expectant families and newborns through age 5, modeled after Healthy Families. Family eligibility is determined through an assessment process. By providing ongoing support and parenting skills for "at risk" families, a greater number of children will enter kindergarten with the developmental and social skills necessary to succeed. This project is funded through June 30, 2000 by a Department of Human Services Family Support and Preservation grant. (A sub-committee of the FCFSC met for over a year to develop this concept. Committee members include representatives from Public Health, Early Childhood Family Education, Naeve Hospital, Albert Lea Clinic, Albert Lea Community Child Care Center, Head Start, Early Childhood Special Education, Chapter 1, Even Start, and community members.)

Provided wraparound training and developed policies for the wraparound process and flexible funds in Freeborn County. Fifty service providers attended the three-day workshop. Fifteen school and county administrators attended the one-day introduction. At least 10 families have been involved in the wraparound process.

Remodeled a room at Southwest Junior High School to accommodate service providers meeting with students on site. Two office spaces and a group room are available for social workers, probation officers, mental health professionals, chemical dependency counselors, anger management groups, parent support groups, family therapy, and other support groups to meet with Southwest students. Providing services on site reduces students' time out of class and eliminates the need for parents to take time off work to transport their children to appointments.

Established Family Involvement Programs as a priority and provided funding that enabled each school district to develop its own program based on individual needs Alden-Conger is expanding its Early Childhood Family Education program. Glenville-Emmons is expanding the hours of the school social worker to develop parent-student activities. The elementary and middle schools in Albert Lea and Freeborn Middle School are purchasing resource materials and sponsoring activities to encourage parent involvement in school. In addition the FCFSC is funding three series of classes for the Youth Anger Management Treatment Program; these include three sessions that encourage family involvement.

Expanded school-age childcare for elementary students. Programs which already existed at the Albert Lea Y and the Salvation Army have been able to provide scholarships, increase staffing, and purchase equipment to meet community needs.

Provided emergency transportation for individuals to get to work. Taxi vouchers are provided to MFIP (Minnesota Family Investment Program) workers through the Private Industry Council and to non-MFIP low-income workers through Community Action when the workers encounter a transportation barrier, e.g,. car breaks down, carpool driver is sick, etc.

Coordinated and expanded mentoring programs in Freeborn County. The Steering Committee was invited to participate in the planning process for the Department of Human Services Family Support and Preservation Grant. One component of the grant is the coordi-

nation of all mentoring programs countywide to result in: 1) one place to call for mentoring information, 2) coordinated training for mentors, 3) coordinated support activities. The Mentoring Coordinator oversees both paid and volunteer mentors.

Provided chemical prevention and support activities in Freeborn County schools. A chemical dependency prevention and support specialist provides services in each school district according to individual needs. In some schools, the specialist works with students returning from treatment. In others, he works more on prevention activities with at-risk students. This is another component of the Family Support and Preservation Grant.

STATUS OF KEY COLLABORATIVE STRATEGIES

FCFSC has been working toward implementing seven strategies that are considered key to the general operation of an integrated system of services for children and their families. The Collaborative

- Has designed a permanent collaborative structure that has been accepted by the elected boards.
- Has developed procedures and guidelines regarding integrated funding.
- Is developing a plan for disseminating the information in the new State Information and Referral system to families, agencies, and private industry.
- Will develop and implement a coordinated service delivery system.
- Will investigate and establish computer linkages for families to initiate the intake process with any one of the collaborative participants.
- Will provide ongoing training for agency staff on family-friendly provision of service.
- Will establish and train a pool of translators to improve access to agency services by non-English speaking families.

FCFSC has fully implemented the following integrated services involving the RAP (Responsible Adolescent Project) Coordinator, the ENABL (Education Now and Babies Later) Coordinator, Public Health, Albert Lea Area Schools, Alden-Conger Schools, Glenville-Emmons Schools, Freeborn Middle School, Naeve Hospital - Albert Lea Medical Center, Albert Lea Clinic, Planned Parenthood, Birthright, Southwest PTO, and parent volunteers:

- "Families Talk About Sex," a comprehensive family-based sexuality education program that includes good decision making information, is presented to local employees in Freeborn County.
- The P.R.I.D.E. Program (Pregnancy, Responsibility, Includes Dependable Education), a prevention program for teens, is presented in health classes by teen educators. Adult volunteers are present. The curriculum includes abstinence, responsible decision making, dating violence, and sexually transmitted diseases.
- The ENABL (Education Now and Babies Later) curriculum is presented in health classes by teen educators one or two years prior to P.R.I.D.E. Adult volunteers are present.
- All collaborative participants are working towards identifying and referring high risk pregnant women to Freeborn County Public Health.

- Each quarter, Public Health and Naeve Hospital—Albert Lea Medical Center present a seven-week childbirth preparation and education program developed specifically for pregnant adolescents.
- FCFSC provides Freeborn County schools with Baby Think It Over Dolls for use by health and family and consumer science teachers, with the mission to prevent teen pregnancy.
- FCFSC supports the Southwest PTO "Media Blitz Project" which includes billboard and radio contracts to advertise responsible decision making and the distribution of informative pamphlets and posters in school.

Additionally, FCFSC is working toward full implementation of the following integrated services:

- Healthy Families, a project of Public Health and Early Childhood Family Education that works closely with the hospital and clinic, prepares children to be physically, mentally, and emotionally competent to enter kindergarten "ready to learn". Healthy Families staff members 1) identify and enroll eligible families at the clinic and hospital at childbirth, 2) develop a trusting relationship with the family, 3) work intensively with the family in the home on parenting issues and identify and access needed community resources, 4) improve family interaction, environment, safety, and nutrition. Home visits may continue to age five, but may be discontinued earlier as appropriate.
- A Mentoring Coordinator, housed and supervised by Private Industry Council, recruits, trains, and supports adult mentors to provide support and guidance to troubled youth. With a single, central point of coordination, more youth will receive services. Youth who are exhibiting problematic behavior will learn to control their tempers so that fewer youth enter the legal system and more youth are able to remain in the custody of their parents.

OUTCOMES

FCFSC focused its outcome evaluation efforts on assessing indicators in three key areas: organizational and systemic change, youth maturation and social integration, and child development.

Organizational and Systemic Change

Short term indicator: Number of partners signing the Joint Powers Agreement.

The City of Albert Lea, Independent School District 241, and Freeborn County signed the Joint Powers Agreement in June, 1996. This document gives FCFSC its governance structure for decision making and ongoing operation. In 1999, FCFSC will focus on encouraging the other two school districts in Freeborn County to become part of the Joint Powers Board.

Partners Signing the Joint Powers Agreement

	1996	*1997*	*1998*	*1999*
Albert Lea Area Schools		*yes*		
City of Albert Lea		*yes*		
Freeborn County		*yes*		
Alden-Conger Schools		*no*		
Glenville-Emmons Schools		*no*		

Short term indicator: Reduced number of situations in which collaborative partners ask families for personal data.

Since the FCFSC has not yet implemented a common intake system with a central database, data for this indicator has not been collected. Baseline data is available in the Consumer Satisfaction Survey results, Addendum 1.

Short term indicator: Increase in the number of families participating in a wraparound process for service delivery.

Five of the eight Freeborn County families who participated as consumers in the wraparound training in April and October 1997 continued the process after the workshop. Since then, additional families have participated in the wraparound process of individualized service planning.

Number of Families Participating in the Wraparound Process

1996	*0*
1997	*5*
1998	*11*

Long term indicator: Increased number of families, agencies, and private industry representatives utilizing phone line per month to access information on community resources.

FCFSC is still in the planning stages of its information system; the unavailability of the First Call Net software delayed progress in this area. An Information and Referral Specialist has recently been hired to collect and input data from Freeborn County agencies and organizations. Community Action has been providing information services countywide and provides the following baseline data:

Average Number of Calls Per Month Requesting Information on Community Resources

Year	*Number*	*Percentage Increase*
1996	*559*	–
1997	*774*	*38%*
1998 (through June)	*375*	–

Long term indicator: Improved consumer satisfaction.

A survey was administered to determine baseline data (see Addendum 1). Since the FCFSC has not yet implemented a common intake system with a central database, a follow-up survey has not yet been administered.

Youth Maturation and Social Integration

Short term indicator: Increased number of local employers having the comprehensive family based sexuality education program on site.

During fiscal year 1996, volunteers gave 9 presentations. During fiscal year 1997 two key volunteers re-located. The staff (all in-kind) and volunteers concentrated their time on P.R.I.D.E. (Pregnancy, Responsibility, Includes Dependable Education - the junior high program). The coordinator, hired in fiscal year 1998, has been working to resurrect this program. There have been two presentations in fiscal year 1998.

Number of Employers Having "Families Talk About Sex" on Site

1996	*9*
1997	*0*
1998	*2*

Short term indicator: Increased number and percentage of health classes participating in P.R.I.D.E. (Pregnancy, Responsibility, Includes Dependable Education)

P.R.I.D.E. (Pregnancy, Responsibility, Includes Dependable Education) – Percent of students participating

	Southwest Jr. High, Albert Lea	*Alden Conger*	*Glenville-Emmons*
FY 96	*10% of 8th graders*	*0%*	*0%*
FY 97	*10% of 8th graders*	*0%*	*0%*
FY 98	*100% of 8th graders*	*100% of 10th graders*	*100% of 8th & 10th graders*

Short term indicator: Increased number and percentage of health classes participating in ENABL (Education Now and Babies Later) countywide.

The ENABL grant, received in fiscal year 1997, provided funding for Albert Lea Area Schools (Brookside Middle School) to target 12-14 year olds with a curriculum entitled Postponing Sexual Involvement. "Postponing Sexual Involvement," the curriculum used for ENABL, has a parent component. At the request of Alden-Conger, the Coordinator was able to expand the program.

ENABL (Education Now and Babies Later) – Percent of students participating

	Brookside Middle School, Albert Lea	*Alden-Conger*	*Glenville-Emmons*
FY 97	*100% of 7th graders*	*100% of 8th graders*	*0%*
FY 98	*100% of 7th graders*	*100% of 8th graders*	*0%*

Number of parents participating in parent component of ENABL

1997	*40*
1998	*60*

Short term indicator: Number and percentage of pregnant adolescents completing childbirth education classes.

Public Health and Naeve Hospital – Albert Lea Medical Center organize and teach these classes, open to all pregnant adolescents. In the last year, the Albert Lea Ob-Gyn Clinic began making referrals to these classes in a more ambitious way.

Number and Percent of Pregnant Adolescents Completing Childbirth Education Classes

	1996	1997	1998	1999
Number of births to adolescents (under age 20)	51	47		
Number and percent completing Childbirth Classes	15 (29%)	19 (40%)		

Long term indicator: Increased number and percentage of teens reporting abstinence from sexual activity on the Minnesota Student Survey.

In 1993, a group of parents at Southwest Junior High, the Southwest PTO, began to mobilize the community to promote abstinence from sexual activity.

Teens Reporting Abstinence From Sexual Activity

	9th Grade Females	9th Grade Males	12th Grade Females	12th Grade Males
1992	68%	60%	36%	27%
1995	79%	73%	42%	37%

Source: Minnesota Student Survey

Long term indicator: Reduced number and percentage of teen pregnancies (ages 13-17).

Number and Percent of Births to Adolescents, 13-17

	Teen Births	Total Births	Percent of Teen Births
1994	20	428	4.7%
1995	23	399	5.8%
1996	11	418	2.6%
1997	10	445	2.2%

Source: Naeve Hospital – Albert Lea Medical Center

Child Development – Healthy Families

Short term indicator: Increase in the percentage of children enrolled in Healthy Families who are within the normal range of developmental milestones, or will be referred for special services.

Baseline data will be collected in 1998.

Short term indicator: Decrease in the percentage of children enrolled in Healthy Families experiencing home injuries requiring medical intervention. Nationally, 22% of children experience home injuries requiring medical intervention.

Baseline data will be collected in 1998

Short term indicator: Decrease in the percentage of children enrolled in Healthy Families experiencing child maltreatment. Nationally, 20% of at risk families experience child maltreatment. – baseline data will be collected in 1998.

Long term indicator: Increase in the percentage of children enrolled in Healthy Families fully immunized by age 20 months.

Freeborn County Retrospective Kindergarten Survey 1996-97 reported that 45% of children were fully immunized at 20 months. If 90% of children enrolled in Healthy Families are fully immunized at 20 months, it will positively impact this statistic.

Immunization Rate By Age 20 Months

	General Population	*Children Enrolled in Healthy Families*
1996-Baseline Year	*45%*	–
1997		
1998		

Long term indicator: Decrease in the number of developmental problems confirmed during Early Childhood Screening.

The first year impacted by Healthy Families will be 2002. Baseline data will be collected in 1998, 1999, 2000, and 2001.

Number and Percentage of Developmental Problems Confirmed

	1998	*1999*	*2000*	*2001*	*2002*
Total Number Screened (District 241)	*220*				
Number of Confirmed Developmental Problems	*27*				
Percent of Total Screened	*12%*				

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Short-term Indicator: Increase in the number of youth matched with mentors

	1998	1999	2000	2001
Total Number of Youth With Mentors	21			

Short term indicator: Improved school behavior and attendance for youth who have been in a mentoring relationship.

Behavior and Attendance Records For Youth in a Mentoring Relationship

Number of Behavior Reports	*1998*	*1999*
Prior to Mentor (within 12 months)	3	
With Mentor		
After Mentor (within 12 months)		
Number of Days Absent	*1998*	*1999*
Prior to Mentor (within 12 months)	41	
With Mentor		
After Mentor (within 12 months)		

Short term indicator: Decreased number of youth in a mentoring relationship entering the legal system.

Youth in a Mentoring Relationship Entering the Legal System

	1998	*1999*
Prior to Mentor (within 12 months)	1	
With Mentor		
After Mentor (within 12 months)		

Long term indicator: Decrease in number of truancy petitions for youth in a mentoring relationship.

Number of Truancy Petitions For Youth in a Mentoring Relationship

	1998	*1999*
Prior to Mentor (within 12 months)	3	
With Mentor		
After Mentor (within 12 months)		

Long term indicator: Decrease in the number and percentage of out-of-school suspensions for youth in a mentoring relationship.

Number of Out of School Suspensions for Youth in a Mentoring Relationship

	1998	*1999*
Prior to Mentor (within 12 months)	13	
With Mentor	–	
After Mentor (within 12 months)	–	

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LESSONS

During the past two years, FCFSC has learned the following:

Lessons about collaborative processes:

Collaboration takes time and is an evolving process.

Collaboration is most effective if we:

- Make sure everyone is heard.
- Reach consensus on important issues.
- Allow time for strategic planning.
- Develop a process to set priorities—to identify new issues, projects, emerging directions.
- Have a structure for meetings—including consistent agendas, minutes, meeting times, etc.
- Welcome and encourage new participants and ideas. Keep the door open to continually build and strengthen the process.

Lessons related to designing and implementing an integrated service system:

FCFSC developed a common intake form which it then decided not to use. Four primary factors influenced this decision. First, each agency needs different information; so each agency would have been switching to a new form AND adding an addendum. Second, it would have been too costly to implement and maintain a common database allowing each agency to continue to use its own form while using common field names to draw information from the database. Third, concerns arose about data privacy. Finally, with the community embracing the wraparound process, it was anticipated this process would allow families receiving services from multiple agencies to get coordinated services.

Lessons related to dealing with local- and state-level barriers:

There are two primary barriers dealing with local governmental entities: 1) their hesitancy to accept grant funds and 2) their resistance to hiring staff with grant funds. IRS regulations prohibit contracts for service in most situations, and FCFSC partners do not want to hire new staff. In some instances, FCFSC can contract with another agency to provide the service.

To address these barriers, it is important to try to involve local elected officials from the very beginning, before the planning process begins and to provide them with simple, measurable outcomes. Hiring staff remains a barrier.

Lessons related to state legislation for family service and children's mental health collaboratives:

Data privacy issues have re-directed our common intake and central database efforts.

ANECDOTES

This section provides an opportunity to hear from some of the consumers who have stories to share.

Responsible Adolescent Project - Junior High Student Stories:

- "I was driving in the car with my parents, and we passed the billboard that showed the back of a '57 Ford with a license plate '2QL 4 SEX'. My parents asked me what it meant. There I was, stuck in the car with my parents. I had to talk to them. Actually, it ended up being an interesting conversation about sexuality issues that we likely would not otherwise have had."

- "My relationship with my boyfriend wasn't feeling right. I didn't know if he liked me for me or if he was trying to get back at his old girlfriend. In the P.R.I.D.E. classes, I learned to value myself more. I realized I had to know the truth, that I didn't want to be with him if he was playing games. I confronted him, found out he was trying to get back at his old girl-friend, and dumped him. I realized I deserved better. This was a positive experience for me."

- The P.R.I.D.E. Coordinator received a request for help after the session on "Dating Violence." A student was concerned that her dad and his girlfriend were abusing one another and wanted to get help and guidance. The Coordinator made arrangements for the student to see a counselor.

Wraparound Stories:

- Flexible funds enabled a school social worker to commit time and energy during the summer to a family requesting assistance in bringing order to their lives. The family has given permission to include "before" and "after" photographs of their home. The clean-up process involved many hours of hard physical labor in addition to many hours of counseling and "re-programming" old habits. One of three children is currently placed out of the home. It is hoped that the other two will be able to remain in the home. The school social worker will continue working with this family throughout the school year.

- Comments from the parents: "It has transformed our lives. We filled eleven dumpsters when cleaning out our clutter. We no longer feel ashamed. Our self-esteem is much higher. There is so much less confusion and chaos in our lives. Our kids are learning to budget money. We discuss specific expectations for each situation before going there. Our kids understand consequences and rewards ahead of time, and we follow through. We can go to church or the store and not be embarrassed by our children's behavior. If you continue these services (wraparound), we will help pave the way for other families who want help but are afraid, embarrassed, or ashamed to begin. Initially, the thought of my social worker going through all my stuff was really scary, but I wanted help so badly that I overcame my fears. Linda (the social worker) was able to gain our trust and encourage us to proceed."

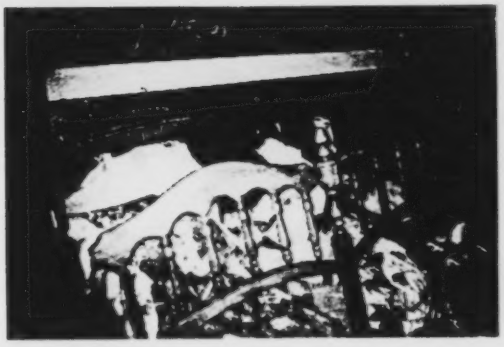
Healthy Families:

- "A client of mine will be returning to school and is very concerned about child care. I was able to help her by providing her with a Freeborn County Licensed Day Care list. I also brought her a movie to watch on how to pick a good Day Care Provider. As we watched the movie together, she stopped the tape and wrote on a paper some questions to ask and what to look for. When the home visit was over she was already getting ready to contact providers. She was very thankful."
- A client of Healthy Families had no transportation because her care needed a new transmission, and she was unable to afford the repairs. The Home Visitor connected the family with the Community Action Agency. Community Action was able to assist in the repair of the car and in less than a month she had her car repaired. The client now has a new job and is able to get to it without relying on her family all the time for transportation.

Mentoring:

- "My daughter is very excited about having a mentor. I feel it will be a wonderful experience for her."
- "My son is in great need of a positive male role model. His father doesn't want any thing to do with him. I am very thankful this program is available. He needs this."

before



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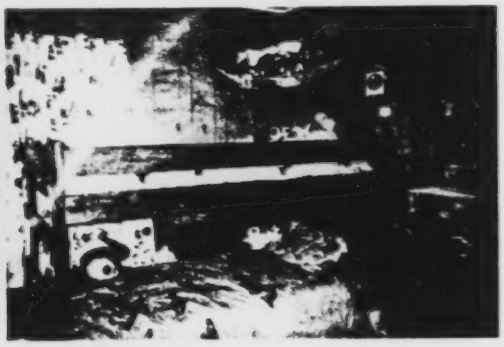

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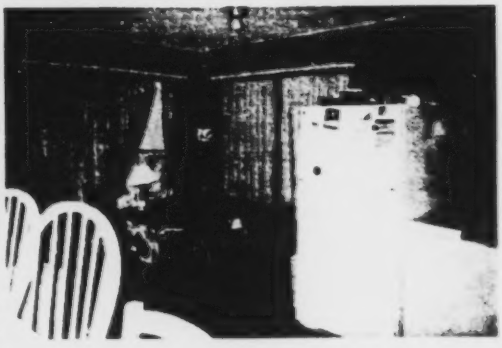

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Two Year Outcome Report

Houston County
Family Services Collaborative

SETTING

Geography

Houston County is located in the extreme southeast corner of Minnesota, bordering Iowa and the Mississippi River. The majority of land mass (59%) is rural farmland and rural non-farm. Sixty-four percent of the County's population resides in this rural area. However, the County's highest population density is in the city and surrounding areas of LaCrescent which lies directly across the Mississippi River from the metropolitan area of LaCrosse, Wisconsin—a major source of employment for County residents. Within Houston County there are commercial, industrial, manufacturing, and service-oriented employment opportunities.

Population

Houston County's population of children ages 0-18 is approximately 5,435, comprising approximately 28.4% of the County's overall population of 19,226 (1996 figures as reported in *Minnesota Kids: A Closer Look, 1998 Data Book*). The vast majority of the County's is white and of Norwegian, German, and Irish ancestry. Overall cultural diversity is augmented by proximity to neighboring metropolitan communities (LaCrosse and Winona) as well as by migrant workers of color who live in the County during the harvest season.

Economy

Compared to the state as a whole, family income in Houston County is slightly higher than average at $19,169 per capita (*Minnesota Kids: A Closer Look, 1998 Data Book*). Average unemployment is only 3.9%. However, 580 children were reported as living below the poverty level and 80 expectant mothers were reported at 200% below the poverty level. (*Minnesota Health Profiles*).

Despite its scenic beauty, homogenous population, and apparent prosperity, Houston County faces a number of challenges with this children and families: youth with "nothing to do" (*1995 Parent Focus Group Results*); teen pregnancy, child maltreatment, and infant low birth weight (*Minnesota Health Profiles*); alcohol and drug abuse (*Minnesota Children's Service Report Card*); teen suicide (*3 in the last year*); and school drop-outs (*school records*).

OVERVIEW OF THE INITIATIVE

The Houston County Family Services Collaborative (referred to subsequently as the Collaborative) believes that service providers play a vital role in helping all citizens enjoy quality lives and that working together as a community is the most effective way to support the

needs of citizens. The Collaborative will be successful when Houston County agencies and families work together to provide living environments where families are safe, healthy, caring, skilled and informed.

Originally, the Collaborative defined its focus and proceeded with the following activities:

1. **Creating a single unified set of materials explaining services available to Houston County citizens.** A comprehensive Resource Guide, funded by the Collaborative and compiled by Houston County Women's Resources, is being widely distributed. The Guide provides 24-hour hotline information through Minnesota First Call for Help and provides a comprehensive list of service providers within the County in the areas of Employment, Financial Assistance, Food, Housing, Legal Services, Libraries, Medical, Recreation, Senior Services, Special Needs, Support Groups, Transportation, and Youth Organizations.

2. **Creating a single set of forms and procedures for gathering intake information for all agencies.** The Data Privacy Committee has been established to investigate this matter and make recommendations to the Collaborative.

3. **Developing knowledgeable and empathetic family resource specialists to work with families to identify needs, plan recommended services, and provide resource access to families in a non-stigmatized way.** In 1997 the Collaborative funded four positions: one Family Support Worker (FSW) housed in each school district within the County. These FSWs provide hands-on prevention and early intervention to children and families through their presence in the schools and are key players in providing resource access in a non-stigmatized way.

4. **Establishing a point-of-entry service site in communities.** The Collaborative has not yet established a point-of-entry service site in any community; however, a successful first step, which stemmed from the work of the Collaborative, is the new Kindergarten Kids' Company program which began in September 1998 in the LaCrescent-Hokah School District.

5. **Creating a communications network among the agencies.** The Collaborative Council members meet on a monthly basis; the entire Collaborative membership invited to attend quarterly meetings as are the general public. Membership addresses, telephone numbers, and fax numbers have been distributed to make person-to-person contact easier; a new list will be distributed in the fall of 1998 including e-mail addresses. New relationships have been forged and have opened the door to new ways of working together. Members have voiced unanimous and enthusiastic satisfaction for this county-wide networking opportunity.

STATUS OF KEY COLLABORATIVE STRATEGIES

An Interagency Agreement was adopted in June 1997 and will continue through December 1998. Much of the work of the Collaborative thus far has focused on formation and structure. The Collaborative is currently engaged in "remaking itself" under a new governance structure consisting of a Governing Board, Managing Team and a Collaborative Council and is refocusing on service goals and strategies.

In addition, a number of discrete initiatives have operated within the geographic area served by the Collaborative (but not necessarily sponsored by the Collaborative).

BABES ("Beginning Alcohol and Addiction Basic Education Studies") Program

This early prevention education program is coordinated by Semcac using retired and senior volunteers and two sixth grad students trained as presenters. The program, which lasts from four to seven weeks, uses puppets, coloring books, stickers, and other age-appropriate tools to teach children in preschool through first grade about self-image, decision-making, and coping skills. Since its inception in early 1998, programs have been presented in schools in LaCrescent and Houston to 191 students. The program will expand to the Caledonia and Spring Grove School Districts in the fall of 1998.

Changes & Choices Program

Funded in the spring of 1997, this program operates with the Director of Court Services as project coordinator. Adolescents who have violated the law are admitted to the program only with participation by at least one parent. The program offers education to parents and youth as well as assessment of substance use, behavior, academic, family, and mental health issues. Facilitators are paid professional counselors.

Childhood Injury Prevention Program

Coordinated by Public Health, this prevention program focuses on parent education regarding home safety (seasonal safety tips, hazards in the home, poison control, choking safety, car seat safety). Collaborative funding trained Public Health Nurses in Home Safety; these trained nurses are available to make in-home safety evaluations. In partnership with the LaCrosse County Health Department and Gundersen Lutheran Medical Center, this program put on a "Baby Safety Shower" in April, providing parent education and establishing in the minds of parents the partnership between their medical care providers and the Department of Public Health.

Community Crisis Intervention Program

Funded in April 1997, this intervention program is coordinated by Victim Services and involves training volunteers to be team leaders in the community. In the event of a crisis, these volunteers would assist and take direction from local police, fire fighters and work directly with victims. A second round of training is anticipated through Gundersen Lutheran Hospital and the American Red Cross Youth Initiative.

Divorce Education Program

Divorce Education is an intervention program coordinated by the Houston County Court Administrator in collaboration with Winona County, Community Education, Mental Health, Public Health, and Guardian ad Litem and Victims' Services. Divorcing parents with minor children must participate in the program. Minor children participate in a separate session in groups of five or six. Teens have the opportunity to attend a Teen Retreat offered collaboratively through Houston, Winona, Wabasha, and Fillmore counties. One of the Collaborative's Family Support Workers donates her time and coordinates all aspects of the program relating to children. The Court Administrator donates time for coordinating adult planning. Facilitation staff are drawn from schools, the public health department, and social workers, with training funded through Collaborative dollars.

Family Group Conferencing Program

Begun in January 1997, this restorative justice program, offered through Victim Services, serves as both an intervention and prevention program. Collaborative dollars funded the training of twelve participants (community volunteers, social workers, and court services personnel) to facilitate family conferences which bring the victim, offender, and families together to focus on resolution, not punishment.

Family Support Workers Program

Family Service Workers (FSWs) serve as liaisons among children, families, schools, and the community. The Department of Human Services contracts with these workers using Collaborative dollars until such time as the County, School Districts, Special Education, and other funding streams are in place. FSW services include, but are not limited to, counseling and assessment, family visits, referrals, and relating with community service providers. Children's mental health assessments are asset-based, and planning is family-centered.

Friends of Families Program

An in-home visitation and parent education project coordinated by Public Health, this program provides information and hands-on guidance regarding child development, safety, parenting skills, and community resources (e.g. Head Start, preschools, WIC services, and Public Health immunization clinics). The program has been implemented in three of the four communities.

The program is funded by the Collaborative, a Tri-County Semcac grant, and a Public Health equipment grant. Volunteers were trained by ECFE and Public Health staff, a parent curriculum was developed, and packets for distribution were assembled in the spring of 1998. These "Infant Development Packets" are delivered in reusable canvas "Friends" bags and are distributed to parents of all newborns within the County.

The program is currently designed to provide home visitation at regular intervals during the child's first year but is anticipated to expand such visitation through age three.

Kindergarten Kids' Company

Although this program is not a Collaborative project per se, its partners are all Collaborative members. The Kindergarten Kids' Company is an outgrowth of Collaborative networking and evidences real collaboration. The collaborators include: LaCrescent-Hokah School District, LaCrescent-Hokah Community Education, LaCrescent Early Childhood and Family Education, Houston County Public Health, LaCrescent Public Library, and 14 volunteer parents on the Advisory Council.

The Kindergarten Kids' Company provides age-appropriate care and teaching, versus the average day care facility's focus on infant and toddler needs. The program provides a light morning and afternoon snack daily. The center is open every day that school is in session and all day on release days. The program benefits all parents of kindergarten-aged children and serves to facilitate the successful implementation of the state Welfare to Work program. The site, called "Children's Place On Main," is a rented community location in the center of LaCrescent, convenient for parents commuting to LaCrosse, Wisconsin, and is shared with ECFE and the PALS Too preschool. The program offers free transportation from the kindergarten classrooms at the Hokah Learning Center and from the LaCrescent-Hokah Elementary School. Working parents no longer have to deal with arrangement for transporting kids

mid-day during work, nor will they have to pay for a full-time spot at a licensed day care for a child attending only half-days.

Parenting Partners Program

This comprehensive prevention, intervention, and education effort is sponsored by Public Health and is funded in part by a Tri-County Grant (Allamakee County, Iowa; Houston County, Minnesota; and Vernon County, Wisconsin) and dovetails with the Collaborative-sponsored Friends of Families Program. Each family of a newborn child receives a first visit from a Public Health Nurse who makes a referral to the Friends of Families program. An in-home Friends of Families visitor brings parent education materials and an age-appropriate bag of goodies. The home visitor reports back to the Public Health Nurse. If all is well, parents and child continue to receive Friends of Families visits. If there are perceived problems, the family may be referred to a Parent Mentor Program which provides one-on-one in-home parent education and assistance or, if necessary, the parent may receive referrals to other agencies for appropriate assistance.

Search Institute Program

In the spring of 1997, the Collaborative funded a presentation by professional Search Institute trainers in each of the four school districts and the purchase of Search materials. A baseline called "Developmental Assets: A Profile of your youth" was prepared in June 1997 on a district by district basis. The project has since been adopted by the communities—with coordination by Community Education in each community—and is currently proceeding without Collaborative financial support. In the year 2000 a reevaluation of reported assets of youth within the community will be conducted and compared to the 1997 baseline.

OUTCOMES

The Houston County Family Services Collaborative has focused its outcome evaluation efforts on assessing indicators in the following areas:

Organizational and Systemic Change

Indicator: Decrease in the number of families who are "falling through the cracks"

From the spring of 1997 through June of 1998, the Collaborative's Family Service Workers served 380 children, 34 of whom were 0-5; 155 of whom were 6-11; 158 of whom were 12-15; and 33 of whom were 15-18 (FSW records)

Data are not yet available for the following indicators:

–Increase in numbers accessing community services such as Head Start, Public Health Immunization Clinics, and WIC *(Head Start Enrollment records; Public Health records)*

–Increase in number of referrals by school personnel to Family Service Workers *(FSW records)*

–Increase in the number of referrals made by Family Service Workers to community agencies *(FSW records)*

Child and Family Health

Data are not yet available for the following indicators:

–Increase in number of children identified early as having disabilities *(Public Health records)*

–Increase in the rate of completed immunizations *(Public Health records)*

–Decrease in the number of in-home accidents *(Early Childhood and Family Initiatives Screening Fact Sheet)*

–Decrease in the number of injuries related to failure to use car set safety *(Early Childhood and Family Initiatives Screening Fact Sheet)*

–Decrease in number of injuries related to failure to wear safety helmets *(Early Childhood and Family Initiatives Screening Fact Sheet)*

–Decrease in teenage pregnancy *(Minnesota Health Profiles)*

Family Functioning

Indicator: Percent of new parents supported by their families and communities

The Friends of Families program has been implemented in three of the four Collaborative communities. As of September 1998, 23 new infants and 36 new parents had been visited. (Friends of Families report)

Indicator: Reduction in frequency and number of custody disputes going to court

Numbers Served in Divorce Education Program

	Spring/97-12/97	*1/98-6/98*
Total No. of Families	*26*	*50*
No. of Parents	*58*	*101*
No. of Children (6-12 years)	*45*	*60*

Source: Houston County Department of Corrections Records

Indicator: Reduction in recidivism among juvenile offenders

As of July 1998, nine children ages 6-12; fifteen children ages 13-17; and thirty-five parents have participated in the Family Group Conferencing program. (Houston County Department of Corrections Records)

Data are not yet available for the following indicators:

–Decrease in number of reports of infant neglect or abuse *(Minnesota Child Maltreatment Report)*

–Increase in communication between parent and child *(Search Institute Asset #2)*

Child Development

Data are not yet available for the following indicators:

–Increased participation in ECFE classes *(ECFE enrollment records)*

School Performance

Data are not yet available for the following indicators:

–Increase in caring school climate *(Search Institute Asset #5 and #24)*

–Decrease in school drop-out rate *(Minnesota Children's Services Report Card)*

Youth Maturation

Data are not yet available for the following indicators:

–Reduction in youth drug and alcohol use *(Minnesota Health Profile)*

–Reduction in recidivism by program participants *(County Department of Corrections records)*

–Increase in young people perceiving being valued by the community *(Search Institute Asset #7)*

–Increase in youth in useful roles in the community *(Search Asset #8)*

LESSONS

To date, we have derived the following lessons:

- Collaboration is hard work.
- Collaboration is a process, not an end result.
- In learning to collaborate, we are working to overcome all of the following barriers identified in the Amherst H. Wilder Foundation book, *Collaboration: What Makes It Work*:

  1. **Lack of Vision/Goals Forgotten or Not Clearly Stated.** The Collaborative needs to clarify goals and refocus on a shared vision.
  2. **Turf Issues.** The Collaborative needs to create strategies to effectuate systemic change and the integration of services.
  3. **Power Struggles.** The role of the County in the Collaborative needs to be clarified. To date, the Collaborative's primary role has been as the provider of mini-grants for projects and positions. We need to assume the role of a mechanism for systemic change—through collaboration.
  4. **Funding Issues.** The Collaborative membership needs to commit dollars to an Integrated Fund. Currently, money is committed on a project-specific basis. We need to make progress toward the reallocation of resources. The Collaborative also needs to work through its questions about what happens to the Collaborative and Collaborative projects when grant dollars are gone, including the federal dollars from the Local Collaborative Time Study.

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Two Year Outcome Report

Jackson County
Family Services Network

SETTING

Jackson County is a rural area with a current population of 11,718; 44% are rural non-farm, 25% farm, and 31% urban. The county has a higher than average number of very young residents. According to 1996 statistics, 27% of the population are children below the age of 18 (3,126), 15% (468) of these live below the poverty line, 30% (938) receive free/reduced school lunches, and 4% (115) were in out-of-home placements in 1996. Sixty-seven children with severe emotional disorders were served by Human Services, and 17 children were abused or neglected (according to substantiated reports).

In determining the importance of pursuing family services/children's mental health collaborative work, Jackson County looked at the current resources, staff, and opportunities available in this rural area for children and concluded that:

- Limited services existed; therefore, gaps existed for children, and services were being provided at only the time of crisis.
- The service agencies often worked with the same families; therefore, the children/families crossed many systems.
- Jackson County's out-of-home placements were increasing as were violent and unacceptable behaviors. Children had multi-faceted problems that only allowed staff and services to address crisis intervention.
- Community and service providers recognized that all aspects/systems needed to work together with the families to provide more opportunities.
- Communication among service providers and between service providers and families was often lacking, creating a concern that current services were not being fully maximized.
- Councils were being mandated by the state to address mental health needs. The same partners were at the table; so it was important to consider the needs of all children/families in the county when planning for the future.

Based on these conclusions, the following needs were identified:

- Enhance interagency communication and provide a mechanism to allow for better-coordinated efforts for families and service providers.
- Provide more opportunities to build positive working relationships among agencies and agencies and families.
- Promote an interagency, strength-based approach to serving children/families that is flexible and non-threatening, rather than an approach that focuses on agency by agency, system by system.

- Find and pool monetary resources and address barriers to current funding restrictions.
- Create ways and programs to fill gaps in service and maximize current services.
- Provide and enhance early intervention/prevention opportunities for families/children.
- Take a multi-faceted, long-term approach to reduce out-of-home placements.

Jackson County believes that its future is its children! The county needed an interagency support network to help ensure healthy, well-adjusted children throughout the county regardless of racial or ethnic background, economic status, educational background, gender or creed. The ability to access grants to help explore options was a valuable asset to the process.

The goals and mission of Jackson County's collaborative work were built upon its strengths and needs. Strong leadership by the partners and a commitment to consider new and creative ways to assist children/families were instrumental at the beginning of our work. Such factors continue to be vital to supporting a family services/children's mental health collaborative effort today. Viewing collaboration as the way of the future and believing in the vision to work together to foster happier and healthier families continues to move the process forward in Jackson County.

OVERVIEW OF THE INITIATIVE

Family Services Network began planning its collaborative efforts based on a mission to preserve our youth and families through proactive intervention and by empowering families to reach their maximum potential. The collaborative works to:

- Promote interagency cooperation, communication, and collaboration.
- Improve prevention, education, outreach, and early intervention services to children and families.
- Promote a community based, coordinated, comprehensive, family serving system of care.
- Address the issue of inadequate funds by effectively combining resources and seeking creative solutions to difficult problems.
- Serve as a mechanism for cooperative interagency activities.

Family Services Network's governance and decision making structure has moved from an interagency form of governance to a joint powers structure during the implementation phase of the collaborative. The process of moving to become a Joint Powers entity was important to the basis and future work of collaborative efforts in Jackson County. Many critical questions were addressed and careful consideration made prior to establishing this structure.

The Family Services Network Board of Directors meets bi-monthly and oversees all business of the collaborative. This board addresses issues that encompass the mandates of a Local Children's Council (LCC), Family Services Collaborative, and Children's Mental Health Collaborative. Board Committees deal specifically with personnel/policy issues, finances/integrated funds, and service delivery matters that affect the collaborative staff and overall systems of care. Members of the Board are administrators or appointed individuals representing the three school districts within Jackson County, county commissioners, two parent representatives,

community health services, human services, community support, court services, and the community action program.

The Children's Advisory Council meets quarterly and is a smaller body of front line service providers and a parent who advise and provide expertise to the Board of Directors and Collaborative Director. This Council includes representatives from schools, public health, human services, court services, community action, and parents who advise in the areas of system planning and change, service delivery, community support, policy issues, and interagency service needs. This council is a sounding board for the Director of the Collaborative and staff as they work to overcome barriers when serving the needs of children/families.

The Action Team for Children/Families includes public and private direct service providers and parents who meet monthly to share ideas and concerns and, more importantly, to determine "action" needed regarding issues around children in Jackson County. The commitment and hard work of many people involved in this team has been instrumental in helping address the goals of the Collaborative.

STATUS OF KEY COLLABORATIVE STRATEGIES

Collaborative strategies are based on the Focus Points of the Family Services Network, which include:

1. Establish a solid collaborative governance structure that would support the interagency goals, integrated funding, and staff needs.
2. Provide a network for collaborative work that is non-threatening, supports ongoing coordination of child-centered services, and is a mechanism for cooperative interagency and parent/family activities.
3. Develop early intervention and prevention projects and programs that will, over the long term, help impact the out-of-home placements.
4. Promote a non-categorical, family/focused, strength-based, flexible, approach to serving families.

The Collaborative considers these strategies to be key to the future of providing an integrated system of services for children and families in Jackson County. Strategies that impact the general operation of an integrated system of services are based on the first two focus points.

Focus Point 1

Family Services Network:

- Moved from an interagency form of governance to a Joint Powers entity in July, 1997. A comprehensive governance system allowed for decisions to be made collectively regarding policies, procedures, and financial integration of dollars to support services to children and families. The structure provides a regular opportunity for administrators/elected officials/parents to meet and discuss shared responsibilities that affect children and families in Jackson County. Liability insurance was secured that covers parents, volunteers, and staff that are working on behalf of the Collaborative.

- Developed "Action Teams" to provide an opportunity for direct service providers and parents to regularly assess child-related needs and services.
- Consulted existing councils to address child/family issues when planning and evaluating collaborative efforts.
- Created an integrated fund allowing greater flexibility to share resources.

Focus Point 2

The Family Services Network:

- Created a quarterly newsletter to interagency providers regarding local/state collaborative efforts, interagency news, success stories, etc.
- Publicized collaborative activities through the local media: public television, radio, newspaper (Family Corner), school fliers, and newsletters.
- Held quarterly Collaborative meetings, professional presentations, and workshops to share information about existing services, build positive relationships, and enhance communication.
- Provided support/information to service providers and parents to assist in resolving education, social, behavioral, and family issues.
- Pooled existing resources to develop a Jackson County Resource Center that houses various county, community, and educational entities.
- Developed an interagency resource directory as a result of pooled resources.
- Provided easier access to information and services for parents through support groups, education skills classes, and one-on-one support.
- Created a Family Fun Fair that encouraged free, fun family time, plus sharing of information and resources available in the county.
- Evaluated service delivery systems, gaps in service, interagency communication, cooperation, and domain conflict.

The third and fourth Focus Points of the collaborative support an integrated service system.

Focus Point 3

The Family Services Network:

- Developed a Family Facilitator Program and hired staff to work at the elementary level to provide opportunities for earlier intervention, support to parents, and provide a liaison between service providers and families.
- Created Direct Service Coordinators to work with middle school and adolescent youth to provide prevention/early intervention activities and mental health screening/assessments: (Project Intercept and Family Coordinator).
- Provided in-home assessment/referral services for families to resolve educational, social, behavioral and family issues and developed an action plan by identifying needs and strengths.

- Developed a day treatment program at the middle school level to support the needs of SED/EBD youth, helping to alleviate the need to place these youth.
- Provided regular parent education opportunities for all parents with children birth-18. These workshops included parents and professionals.
- Provided after school and summer programs (Kids Connection, Girls are Great, Study Buddies, Kickin' Kids).
- Developed Big Buddies, a mentorship program for Jackson County
- Created short-term respite alternatives for parents to help prevent potential child abuse.
- Formed a Child Abuse Prevention Council in Jackson County to ensure educational and community support efforts were in place to help prevent child abuse/neglect.

Focus Point 4

The Family Service Network:

- Implemented wrap around services and a common plan of care for children with multi-faceted needs using a strength based, family centered approach.
- Enhanced mental health screening/assessments for adolescents (Project Intercept)
- Held group meetings for single parents and parents with children with attention deficit disorders.
- Assessed family/youth satisfaction of services by allowing them to evaluate the service delivery systems.

OUTCOMES

Family Services Network focused on assessing indicators in four areas: organizational and systemic change, family functioning, youth social integration, and children's mental health.

Organizational and Systemic Change

Short-term indicator: Increase coordination and relationships of service providers offering complementary systems of care for children/families.

The interagency collaboration checklist was used to survey service providers regarding interagency coordination, satisfaction, and conflict domain. An initial survey was completed in 1996; a second survey was completed in June 1998. Results show a gradual increase in coordination and relationship efforts on behalf of service providers when working with children/families in Jackson County. Providers surveyed believe their efforts in all areas are improving, but recognize there is room to improve and that continual and gradual efforts are important in order to enhance and impact systems change.

	1996 N=13	1998 N=31
Interagency Coordination (possible 45 pts.)	*27 (60%)*	*32 (71%)*
Domain Conflict (possible 20 pts)	*12 (60%)*	*10 (50%)*
Satisfaction (possible 30 pts)	*21 (70%)*	*24.5 (82%)*

Source: Local Service System Interagency Collaboration Checklist

Short-term indicator: Increase opportunities for cross training and interagency staff development.

Interagency staff development opportunities are provided in the form of quarterly collaborative meetings, plus collaborative sponsored workshops, such as John VanDenBerg on Wraparound and Mary Sheedy Kurcinka on Working with Spirited Children. These opportunities will continue to foster relationships among providers, and providers and parents.

	1996	1997	1998 (6 mos.)
Number of Events Held	*2*	*5 (150% increase)*	*4*
Number of Staff Attending	*105*	*125 (19% increase)*	*83*
Number of Agencies Represented	*10*	*17 (70% increase)*	*20*

Source: Collaborative Database

Short-term indicator: Increase release of information to the public about collaboration, services, and agencies.

Direct client and activity information will continue to increase as collaborative staff become more established with their programs. (During this time collaborative staff increased from one person to three)

	1996	1997	1998 (6 mos.)
Direct Mail Contacts	*1096*	*1469*	*1477*
Interagency	*1028*	*1410*	*1116*
Direct Client	*64*	*59*	*361*
FSN Newsletters	*390*	*734*	*1038*
FSN Brochures	*1000*	*1000*	*2500*
Newspaper Articles/Ads	*8*	*5*	*15*
Radio Information Spots	–	*7*	*11*
Public Relations/Activity Fliers	*50*	*380*	*7670*

Source: Collaborative Database

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Short-term indicator: Increase amount of available funds shifted to an integrated fund under the control of the collaborative board.

The revenues in the integrated fund have increased significantly due to the shifting of available resources. Originally the Family Services Grant and partner contributions totaled $78,000. This has expanded to include revenues from: Family Services Grant, Partner Contributions, Children's Trust Fund Grant, Local Collaborative Time Study, Donations and Contributions, Children's Mental Health Dollars inclusive of a Collaborative Grant, Wraparound Funds, Mental Health Screening, and Small Counties/Tefra.

FSN Integrated Fund Revenues

1995-96	*1996-97*	*1997-98*	*1998-99*
$78,000	*$137,000*	*$333,380*	*$345,608*

Source: Family Services Network Monthly Integrated Fund

Long term indicator: Improve cost-efficiency in provision of services.

Data not yet available

Family Functioning

Short-term indicator: Increase family involvement in supportive community level organizations, groups, and parenting opportunities.

In 1995-96, two agencies provided educational opportunities for parents. In 1997-98, parents could choose from at least 10 opportunities available from different groups.

Total number of parents at least one activity under each service area, per fiscal year

Service	*1995-96*	*1996-97*	*1997-98*
ECFE (Birth-5)	*206*	*269*	*284*
Head Start (3-5 yrs)	*74*	*54*	*52*
Parenting Classes (Birth-5)			*20*
Parenting Elementary Youth			*3*
Parenting of Teens			*14*
Parents Forever (divorced parents with custody issues)			*10*
Support Group ADD/ADHD			*18*
Single Parent Support			*6*
Presentations/Workshops			
Critters & Company (family members)		*120*	*–*
Parenting Skills			*72*
Youth Violence/Gang Prevention		*150*	*–*
Family Fun Fair			*408*

Source: Collaborative and Western Community Databases, ECFE Annual Report

Short-term indicator: Increase the numbers of families/children accessing prevention/early intervention support services provided on behalf of Family Services Network.

Total number of families and children served by prevention/early intervention activities

Service	*1996*	*1997*	*1998*
	Children/Families	*Children/Families*	*6 mos. Children/Families*
Project Intercept	*110/72*	*105/70*	*35/18*
MN Screening/			
Assessment			
Target Population:			
K-12, 1996-97			
6-12, 1998			
Family Coordinator	*33/16*	*31/16*	*23/22*
Target Population: 6-12			
Family Facilitators			
Target Population: 6-12			*33/23*

Source: Collaborative Database

Youth Maturation and Social Integration

Short-term indicator: Increase number of youth-focused activities available to enhance and support prevention of at-risk behaviors.

Prior to the collaborative partners' identifying the needs of children within Jackson County, none of the activities below were available for children.

Total number of families and children served by prevention/early intervention activities

Service	*1996*	*1997*	*1998 (6 mos.)*
After School Programs			
Girls Are Great (Gr. 1-4)	–	–	*40*
Study Buddies (Gr. 8)	–	–	*17*
Summer Programs			
Kids Connection (Gr. 1-4)	*30*	*44*	*78*
Kickin' Kids (Gr. 6-8)	–		*6*
Sprouts R Us (Gr. 1-10)	*20*	*20*	*15*
In-School Program			
(Gr. 3-5) Girls & Boys Getting Along	–	–	*80*

Source: Collaborative Database

Child Mental Health

Short-term indicator: Increase utilization of wrap-around services.

Number of families receiving wrap-around services

1996	*1997*	*1998 (6 mos.)*
4	*7*	*18*

Source: Jackson County Human Services

Long term indicator: Reduce out-of-home placements

Collaborative partners continually evaluate ways to support children and families that will ultimately help reduce out-of-home placements. We believe enhancing strategies aimed at prevention and early intervention will do this. It is only realistic to expect that it will be a number of years before true outcomes can be measured regarding this long-term goal.

Number of children/youth residing one or more days in out-of-home placements

1995	*1996*	*1997*
54	*115*	*78*

Source: Jackson County Human Services

LESSONS

Jackson County's Family Services and Children's Mental Health Collaborative has learned several lessons over the past few years.

The Process of Collaboration

- Collaborative work is often difficult and frustrating; therefore, it requires lots of patience, flexibility, and resiliency.
- Collaboration requires dedicated staff, board members, and parents who believe in the process.
- It is valuable for Governing Board members and administrators to become more aware of each partner's systems, funding streams, and policies.
- It is possible to overcome territorial barriers when everyone has the best interests of children and families in mind.
- Action Teams are important and provide movement toward implementing new programs, policies, etc. without duplicating efforts.
- Financial incentives (support from the state, grants, etc.) are important in guaranteeing that the process moves forward.
- The process is important and necessary, but the programs and direct service changes are the key to better outcomes for families.

Moving Toward an Integrated Service System

- Partners have come to understand that everyone needs to put personal feelings aside in order to work toward a common goal for children, regardless of the past or systems barriers.
- One needs to be creative and think outside of the boxes (systems).
- To be most productive, move slowly and carefully.
- Moving toward an integrated system is difficult because there is not enough money to truly bring all support systems together.
- The changes needed to benefit children/families are often very cumbersome for the "systems;" therefore, resistance is evident.
- Those involved must learn to recognize that there are other agencies and service providers who have valuable input and impact with kids; children cross many systems, and families benefit greatly when everyone works together.
- Providing non-threatening and voluntary access to services helps alleviate families' fears and encourages them to access services sooner, rather than at a crisis.
- Parent input is vital if services are to be successful for children.
- The wraparound process is difficult to implement unless you have "champions" who are willing to make it happen. Families and providers easily accept the philosophy, but the process is often viewed as being difficult and time consuming. Therefore, lots of barriers must be overcome, but the final conclusion is that families/kids do benefit!

Dealing with Local and State Level Barriers

- Because individual agencies have responsibilities in addition to the collaborative goals, doing things collaboratively is not always possible or the best way.
- We will always have barriers no matter how hard we work; there are some things certain people or agencies can't put aside or are not willing to change.
- One can't let the barriers interfere with the process; keep moving forward anyway.
- Receiving conflicting messages from state-level departments is frustrating.
- It is very difficult to get anything in writing when trying to overcome systems barriers; therefore, one often can't move forward at the local level until one has permission or authority from state level.
- Even though the emphasis is to move toward integrated funding, there are still separate reports, requirements, and limited flexibility to use the dollars locally to help children and families.
- State-level departments need to model collaboration.

Two Year Outcome Report

PACT 4
Family Services Collaborative
Kandiyohi, Meeker, Renville & Yellow Medicine Counties

SETTING

The PACT 4 Families Collaborative is a four-county, multi-agency partnership located in West Central Minnesota and dedicated to the principle that prevention and early intervention work best for children, families and the entire community. Kandiyohi, Meeker, Renville and Yellow Medicine Counties work together in P.A.C.T. 4 FAMILIES *(Putting All Communities Together)*.

Kandiyohi, Meeker, Renville and Yellow Medicine Counties have a total population of 90,273 in a region in which the largest industries are agriculture and manufacturing. Though the community is rural, the region has an increasingly diverse population. The Upper Sioux Native American Reservation is located in Yellow Medicine County, while the Lower Sioux Reservation borders Renville County. Native American persons continue to return to the area and join a significant existing population. Willmar, a town of 18,000 people within Kandiyohi County, includes a Hispanic population that city officials estimate has grown 350 percent since 1990 and now totals more than 1,200. The Hispanic population in Willmar is the third largest in Minnesota. Planners in the State Demographer's Office believe that the number of Native Americans and people of Hispanic heritage continue to be underestimated and that the actual numbers are significantly larger than reported.

The four counties together include 15 school districts which have 25 elementary buildings and 17 Junior/Senior High School buildings. Nine of the 15 districts cross county lines.

The strengths of the four-county region include the following:

- Well-established interagency and regional networks are currently functioning with success. Current cooperation among service agencies leads to the provision of more than merely mandated service.
- The community expects that service agencies provide families with what they need, and the agencies are staffed by committed, dedicated professionals whose ultimate goal is "the best for our children."
- The community has a genuine concern about its children, a willingness to get involved if approached and directed, and a strong, rural work and family ethic.
- Several creative, innovative programs are based in the region which have received state and/or national recognition and served a model for others.

- The Collaborative has a three-year history of working as a regional collaborative during which time many turf issues and the self-interest of individual agencies have dissolved; meetings now focus on common goals and solutions.
- Strong parental support and involvement on interagency committees is common.

OVERVIEW OF THE INITIATIVE

In order to respond to consolidated school districts which cross county lines, decreasing populations and resources, and a desire to preserve their local assets, four counties united to form a regional community collaborative. We recognize that a prevention and early intervention focus is a long-term commitment, but the "Band-Aid approach" we've taken in the past has not been effective.

PACT 4, a Joint Powers organization, was initially awarded a five-year Family Service Collaborative grant in 1995. In 1995, PACT 4 also became one of seven approved joint Family Services/Children's Mental Health Collaboratives. PACT 4 has had an integrated fund since 1994 which has been expanding each year and now totals more than $90,000 annually. PACT 4 Families has an eight-member Executive Board consisting of representatives from each county from the following several systems of care—Corrections, Social Services, Public Health, and Schools—as well as parents and members at large. The Executive Board carries out the governing duties of the collaborative.

The overall goals PACT 4 partners have agreed to set include:

1. All parent/child relationships are positive and nurturing (family functioning).
2. Children will have the necessary assets to become productive citizens—or reach their developmental potential (child functioning).
3. Integration and coordination of services among the mental health, corrections, family services, public health, and education systems will improve (organizational and systemic change).
4. Families are supported by their communities (building communities).

PACT 4 has been awarded several early intervention and prevention grants. The "Be All You Can Be" grant ended in December of 1997, which focused on early intervention. A Youth Services Pilot ended in June of 1997 which was the foundation program designed to build assets in youth who are truant and first-time offenders going through the court system. In 1997, PACT 4 received a two-year grant entitled RENEW to serve chemically dependent youth and their families. The Minnesota Social Service Association (MSSA) named PACT 4 Families Collaborative the "Collaborative of the Year" for 1997.

Because PACT 4 is both a Family Service and Children's Mental Health Collaborative, the organization has a full range of work committees with different focuses and goals. Some of these committees include:

- The Early Intervention Committee has focused on universal contact with all parents giving birth, development of a four-county resource manual, creation of a preschool mental health screening tool, and overseeing the "Be All You Can Be" grant.

- The Family and Children's Mental Health Committee oversees service delivery for children's mental health, establishes client pathways, develops a universal crisis plan, plans therapeutic support of foster care, oversees the wraparound process, promotes the "Collaborative Plan of Care," and helps to refine current delivery systems to be more efficient and family friendly.
- The Children's Mental Health Capitation Committee had previously dialogued with the *Department of Human Services* to develop a local capitated system of care for children's mental health and other potentially vulnerable populations. This committee dissolved as a result of changes in policy and expectations of the Department regarding capitation.
- The Truancy and After School Programs Committee reviews youth services grants and coordinates and implements programs for youth who are truant or involved in corrections.
- The Technology and Communications Committee is responsible for recommending new technologies within our area, including bylaws, Internet access/e-mail, data practices release and common intake/entry, and CAFAS software systems.
- The RENEW advisory committee focuses on the needs of youth and families with chemical use problems. This committee manages and evaluates the RENEW grant and program. Committee members include chemical dependency assessors, social workers, treatment professionals, and recovering youth and parents.

STATUS OF KEY COLLABORATIVE STRATEGIES

Over the past two years, PACT 4 Families has relied on multiple key strategies to fulfill its goals:

Activities related to the general operation of the system:

Increased staff knowledge across systems, agencies and organizations. PACT 4 Families has sponsored numerous cross training workshops in the areas of mental health, corrections, early childhood services, diversity, child welfare, wraparound services, capitation, Search Institute's 40 Developmental Assets, managed care, Child and Adolescent Functional Assessment Scales (CAFAS), and Family School.

Shared vision of coordinated, consolidated and comprehensive service delivery. Once a year, PACT 4 sets its priorities and goals for the year which are then used to fund priorities, set policy, and establish programs; the goals are frequently discussed in PACT 4's 12-page monthly newsletter which is distributed to approximately 1000 people. The shared vision includes pervasive support of wraparound services. Wraparound plans exist for Children's Mental Health, Child Welfare, Child Protection, Adult Services, children with developmental disabilities, and some youth involved in Corrections.

Integrated fund. The PACT 4 Families integrated fund has existed since 1994 and has been expanding each year, with more than 90,000 **local** dollars contributed annually.

Parent involvement. Parents are involved in all levels of service delivery, system design and policy making. All programs offered through the Collaborative, including school-based coun-

selors and wraparound services, involve parents as key people in their children's lives. PACT 4 also employs parents of children with severe emotional difficulties as staff members and parental advocates. In terms of system design, parents serve on committees and participated in the last large survey. Priorities set through these surveys and community forums are the basis for grant writing and system development. Parents and students review LCTS grants to recommend projects worthy of funding. In terms of policy making, PACT 4 has a parent serving as an equal partner on its executive committee.

Activities directly related to providing integrated services:

Universal Contact. The Collaborative committed to contacting all new parents and encouraging a home visit within the first four months of birth to provide education and support. The first Universal Contacts began in 1996 and involved a post partum booklet/folder; the program later added magnets and a telephone follow-up contact with new parents one month after the initial visit to answer any developmental questions that may have come up.

Early childhood family education. PACT 4 has expanded ECFE by bringing the ECFE model to the school age child. Child and family activities are offered at all PACT 4 sponsored activities. Family School is offered by school-based counselors in three school districts on a regular basis in grades three to eight. In 1997, PACT 4 began offering RENEW, a Family School for youth and families experiencing chemical abuse issues.

Developmental assets. Hundreds, if not thousands, of hours have been given by PACT 4 partners to the promotion of Search Institute's 40 Developmental Assets. PACT 4 purchased a license to copy asset newsletters for parents of all children in K-6th grades. Through LCTS dollars, we have been able to hire four persons to provide mentoring coordination, including recruitment, training, and retention of mentors.

School-based counselors. PACT 4 hired one school-based counselor in November 1995; by June 1996 there were three school-based counselors serving eight districts. As of June 1998, 11 PACT 4 counselors now serve 11 school districts. These positions became co-funded beginning in September 1998, with school districts contributing 33% of salaries and benefits.

OUTCOMES

Organizational and Systemic Change

Short term indicator: Number of direct care staff, mid-level managers, and directors who have increased knowledge of the areas covered by system reform

233 staff were trained or attended Collaborative meetings during the first year (June 1996 to June 1997). 442 staff have been trained as of June 1998. These are unduplicated numbers.

Short term indicator: Increased percentage of youth served with one "Collaborative Plan of Care" (CPC)

We have added children in need of protection, children with developmental disabilities, child welfare clients, and children with complex needs to the mental health clients already using the CPC. In 1996, we began with 10 families in a wraparound pilot. In 1997, 155 children were served with a Collaborative Plan of Care. In 1998, 231 children had a Collaborative Plan. In 1999, we estimate that 469 children will be served.

BEST COPY AVAILABLE

Short term indicator: Increased percentage of funds that are integrated and collaborative in nature

PACT 4 Integrated Fund Balance*

June 1996	*June 1997*	*June 1998*
$183,418.23	*$493,524.20*	*$1,093,737.84*

Source: Kandiyohi County Financial Records

**Does not include "in kind" contributions such as space, phone, copying, staff time for meetings, transportation, buses donated by school for other member programs, etc.*

Data is not yet available for the following long term indicators:

-Increased mental health expenditures for home-based or community-based services

-Parents report increase in coordination of services

Child and Family Health

Short term indicator: Increased percentage of new parents contacted by phone and percentage receiving a home visit.

As of June 1998, all four counties began reporting data on contact with new parents in a similar format to facilitate measurement of this indicator.

Data is not yet available for the following indicators:

-Decreased number of substantiated maltreatment reports

-Increased number of families participating in parent/child education, recreation, or support programs

-Increased average number of developmental assets per school district

-Increased rate of children, ages 0-10, who participate in early childhood programs

-Increased rate of children, ages 0-10, who participate in after school programs

-Increased rate of children, ages 0-10, who participate in Family School

Family Functioning

Short term indicator: Increased number of children who report they have good self-esteem

Children and families who participate in PACT 4 Family School, camp, or with school-based counselors complete evaluations. In 1997, of the 75 surveys completed, 82% included reports of good self-esteem in the child (75 includes surveys completed by parents and surveys completed by students). In 1998, an additional 156 surveys were completed; 94% included reports of good self-esteem.

Short term indicator: Increased number of parents and children who report having strong, positive, nurturing relationships with each other

Parents completed surveys before and after participating in Family School or camps. In 1998, 60.4% of parents completing surveys reported getting along well with their child; at the post-test, 83.7% reported, "I get along well with my child."

Short term indicator: Increased percentage of parents participating in their child's plan of care.

In 1997, all 125 plans completed indicated the presence of a parent at Child and Family Team meetings. In 1998, 256 plans included parents (98.4% of all plans).

Short term indicator: Increased percentage of parents who report adequate formal and informal supports to care for their children.

A survey of parents will be repeated every three years and will be conducted again in October 1998.

Short term indicator: Increased number opportunities per year for parents and children to participate together in fun activities.

From June 1996 through May 1997, 115 parent/child activities were sponsored by PACT 4 staff. From June 1997 through May 1998, 252 parent/child activities were sponsored.

Data is not yet available for the following indicators:

–Reduced rate of out-of-home placements

–Reduced total number of days children live in out-of-home placements

–Decrease in substantiated maltreatment reports

Child Development

Short term indicator: Increased number of children identified and served by PACT staff and supported programs.

Every six months, staff report the number of children seen and served in the following programs: school-based counselors, wraparound, mentoring, after school programs, youth service centers, Upper Sioux Community, Family School, SED camps, etc. The total number of children served by these programs for June 1996 through June 1997 was 731 (these are not unduplicated counts). In the following 12 months through June 1998, the total number of children served was 1683 (these are not unduplicated counts).

Data is not yet available for the following indicators:

–Increased average number of developmental assets reported per school district on Search Institute survey

–Decreased the number of juvenile arrests for property or violent crime

–Improved school attendance rates

–Decreased number of children needing EBD services

LESSONS

- PACT 4 partners have had a history of using the following working philosophy, "Take a deep breath and jump in both feet first."
- We, in these four counties, appear to have "outgrown" the state level of collaboration.

We have had to try to create our own solutions because the state moves too slowly to be practical for the children and families we serve.

- Successful collaboratives—those which can serve as models for others—need to offer technical assistance to developing collaboratives. However, we need to be careful of the time spent in consultation and must be compensated because if we aren't home doing "the business" of collaboration, we will no longer serve as a model.

- Another possible reason for our success stems from having a combined Family Services and Children's Mental Health Collaborative and serving children and families on a continuum without false gaps, as others with separate collaboratives have experienced. Being a four-county collaborative has also allowed conversations to take place across county lines and among similar agencies and school districts that would not have happened in a single-county model. The success of our combined Collaborative may have implications for legislation and the role of state agencies.

- Because we all approach early intervention and prevention from different points, our definitions of those terms are also very different. For example, Public Health philosophy focuses on doing the greatest good for the greatest number of people and also on pri mary prevention. Primary prevention to Public Health may mean focusing on education during the prenatal period and universally contacting parents with information and education after the birth of a child. For Social Services, prevention may mean preventing an out-of-home placement. These children may have had many interventions up to the point of crisis; however, by successfully avoiding an out-of-home placement, "prevention" has occurred. For Corrections, preventing recidivism is yet another form of prevention. Correction personnel view early intervention with first-time offenders and working with children who have committed multiple offenses to avoid a detention or correction placement as prevention. Although different, all of these definitions of prevention are correct in their own context.

- The Local Collaborative Time Study (LCTS) has done more than anything to maintain and expand collaboration. We have been surprised at the level of sharing and coming together which has occurred while sitting at the same table to discuss dollars to be drawn down from LCTS. We have local partners sharing their own money and combining it with that of other agencies in order to further enhance the programs offered with LCTS funding. This would have never been possible previously.

- Efforts to track and report outcome data have been slowed by the fact that we rely on the state for data on certain long term indicators (e.g., rates of out of home placement, number of days spent in out of home placement, maltreatment incidents); reports of that data lag anywhere from two to five years and rely on census data from 1990. We have one county which has exploded in population since 1990, while the other three are losing population, which makes the calculation of rates over time problematic.

- There is no disgrace in trying something unique or new. If the results aren't what we are looking for, we change it and try again. *We must not hold onto what doesn't work.*

- Finally, collaboration is hard work; it requires perseverance, dedication, and money available to begin to change systems. *These dollars (full funding) need to be available for longer than three years.*

Two Year Outcome Report

Morrison County
Family Services Collaborative

SETTING

Morrison County's history of collaboration predates the receipt of the Family Services Collaborative Planning Grant in January, 1994. Even before 1985 and the development of the Morrison County Interagency Early Intervention Committee (IEIC), the community's service providers joined each other to work on projects that responded to the needs of targeted populations. The IEIC formalized efforts to meet special needs of young children ages birth through six years. In 1987, the Morrison County Community Transition Interagency Committee (CTIC) formalized interagency collaboration by addressing the transition of individuals with disabilities, ages 14-22. In 1989, Morrison County developed the Local Coordinating Council (LCC) to address interagency issues related to the Children's Mental Health Initiative. The Morrison County Interagency Coordinating Council (MCICC) grew out of the efforts of all three of these committees and the identified goal of providing comprehensive interagency planning and services for children/youth (birth-22) with disabilities, or at-risk of developing disabilities, and their families. Since its inception, the purpose of MCICC has been to provide services that are easily accessible, coordinated, comprehensive to each family and child.

Seeking to extend its focus to all children and their families within Morrison County, MCICC established a Core Planning Team to apply for and administer a Family Services Collaborative Planning Grant. The Core Planning Team included representatives from public health, human services, education, and the Regional Interagency Systems Change (RISC) Project.

From this, a Partners Group was established representing service providers, decision-makers, and families throughout Morrison County. The Partners Group developed an initial county vision of promoting a healthy community for children and families. In 1997, the by-laws were revised to integrate the Family Services Collaborative into the Morrison County Interagency Coordinating Council.

OVERVIEW OF THE INITIATIVE

The Family Services Collaborative's vision is to:

- support its citizens, not merely provide services for their existence;
- build each individual's assets, thereby strengthening the individual's and community's overall human wealth;
- acknowledge and encourage the right of the individual to be an active partner in making personal and family choices;
- affirm the individual's responsibility for choices and options;

- recognize relationships that include and value ALL of our citizens, including intergenerational, intercultural, etc.; and
- provide support systems that are coordinated and comprehensive.

To accomplish this vision, the Council uses the following organizational structure:

The Governing Board

- assigns staff to participate in the appropriate Task Teams as needed;
- participates in programs and projects operated by MCICC; and
- allocates resources to the Integrated Fund.

In June of 1998, the MCICC governing body approved a new Governance structure.

The Fiscal Agent

- establishes and maintains accounts;
- receives and maintains local, state, and federal grant dollars, cash, and charitable contributions;
- accounts for revenues and expenditures and produces appropriate financial statements according to categories determined by the Board;
- provides reports as required by state and federal agencies; and
- prepares periodic financial reports to the Board.

The Management Team

- reports to the Council and carries out the activities of the Council by managing the daily operation of the Collaborative.
- adjusts activities that will better meet the goals and objectives in the Work Plan.
- focuses on redefining the Governance structure of the Collaborative.

The Management Team comprises a representative from each of four Task Forces (Outreach/Intake, Service Delivery, Training, and Integrated Information), a representative of the fiscal host, and a representative from each of the three legislated interagency initiatives of Early Intervention, Children's Mental Health, and Transition.

STATUS OF KEY COLLABORATIVE STRATEGIES

The collaborative work is carried out through the following task teams:

Service Coordination

An interagency facilitator is currently providing service coordination to 21 families in Morrison County. The children range in age from birth to16 years and have multiple needs and multiple providers. Successes of this model of unitary case management and planning for the preschool population include:

- excellent interagency linkages regarding children and families with complex needs; ongoing communication with public health nurses, developmental disability case manager, home health nurses, and child protection worker.
- excellent connections with Infant Follow Along Program; we share resources, pre-referral options.
- good communication across settings among service providers (nine child care providers involved on IFSPs).
- good linkages to multiple pediatric medical specialists (10 children).
- use of family-led process.

In terms of the school age population, successes include:

- addressing needs beyond the school day (recreation/leisure, job options).
- student-led planning process (extracurricular options, class options).

The service coordinator facilitates monthly interagency case consultation team meetings. The upcoming year's plan calls for focus groups and training activities for selected interagency staff in service coordination and teaming models.

Youth Action Council

- sponsored youth leadership activities for students in Morrison County.
- promoted positive assets in Morrison County schools.
- sent students to youth leadership activities.
- acted as youth advisory component for MCICC.

Training

- conducted issue-related presentations and on-going Round Table discussions among interagency staff.
- organized student presentations county-wide in the schools and corresponding community presentations on themes related to positive assets.
- organized and presented student conference on transition for students on IEPs and 504 plans.

Parent Partnership—The purpose of the Parent Partnership Project is to provide support, information, and advocacy for parents of children with special needs between the ages of birth and 22 years. The Parent Facilitator works with approximately 90 families. The Parenting Plus Newsletter has a mailing of 250. Activities include one-to-one support, support groups in Little Falls. Twenty-two individuals from Morrison County participated in the regional Parent Retreat.

Infant Follow-Along—This universal home visiting/infant-monitoring project for new parents expanded in 1997 to include visits to parents with children birth to 4 years old. A public health nurse contacts clients via phone calls, home visits and WIC/MCH clinic visits. Public Health receives birth data from the County Recorder's Office, Minnesota Department of Health high-risk infant birth certificate data, the daily local news flyer, and the weekly newspaper. Currently 485 children are enrolled.

Family Ambassadors—A Family Ambassador is a representative of the community who works to build connections between the citizens and their community by increasing the personal contact among families, schools, and the community. This effort is expected to increase interaction resulting in improved relationships, an increased sense of belonging, improved partnering to address the needs of families, and a greater community commitment to children, youth, and families. A Family Ambassador will be hired to fulfill this role in each of the participating communities.

Caring Communities—This initiative continues to engage various community members and groups with the asset building message. Caring Communities is affiliated with Search Institute's Healthy Communities-Healthy Youth Initiative.

In an effort to increase effectiveness of the intake and referral process among Collaborative partners, the Collaborative developed a common referral form. The process was not implemented successfully.

OUTCOMES

The Morrison County Family Services Collaborative focused its outcome evaluation efforts on assessing indicators in the following key areas: organizational and systemic change, child and family health and functioning and youth maturation/school performance/social integration.

Organizational and Systemic Change

Indicator: Increase staff and community awareness, investment and participation in collaborative efforts, including planning, governance, service delivery and advocacy.

> *Eighty eight percent of staff surveyed rated the work of MCICC to unify agencies to work together for the benefit of children and families as extremely or very important. Seventy seven percent of staff surveyed rated the value of the projects for the children and families with which they work as extremely or very important. (Source: Interagency Collaboration Survey)*

> *The first edition of the Resource Directory with a toll free number was distributed to 500 providers and consumers. The second edition's distribution increased to 4500 providers and consumers.*

Indicator: Number of students, families and service providers with information on Transition to high school and Transition to adult life:

In 1996, 170 participants received information; in 1997, 120 participants; and in 1998, 125 participants. (Source: Transition Survey)

Indicator: Increase trust and confidence between families, service delivery systems and providers.

The Parent Partnership Program has utilized strategies including one to one support, support and information groups, and the Parenting Plus newsletter. A recently completed survey of families and service providers indicated that the following services were rated as important and their quality rated as adequate. This survey provides baseline data and a direction for the future.

A recently completed survey of families and service providers returned the following results:

	(4 point rating scale)	
	Importance	*Quality*
Referral to other resources	2.8	2.3
Trained parent for support	2.6	2.3
Regular written updates	2.6	2.5
1 to 1 parent connections	2.5	2.5
Help dealing with agencies	2.5	2.3
Workshops and retreats	2.5	2.3
Parent discussion groups	2.5	2.3

Indicator: Increase utilization of existing community resources to address youth with assets, deficits and needs.

Families, youth and service providers are invited to participate in a case consultation process that will assist in identifying assets, capacities, needs and supports. This process involved 10 youth and 10 parents/providers in the first year for which data was collected (1997-98). Twenty-three families participated in an in-home parenting skills program.

Data not available for the following indicators:

–Increased number of residents who feel they can rely on another person in their community for help.

–Increased number of families reporting adequate availability of information and support in community.

–Increased access to services through identification and elimination of specific systems issues which result in problems related to access.

Child and Family Health and Functioning

Indicator: Increase trust and confidence between families, service delivery systems and providers.

The third annual Mission Transition conference was held in April, 1997, to bring 8th and 9th grade students, families and community providers together. There were 125 participants and presenters involved in this educational and networking activity. Ninety-three percent of participants rated the conference sessions as being very worthwhile and important to continue. (Source: Conference Evaluation Survey)

Indicator: Increase opportunities to maximize the assets of all children/youth regarding health and development.

	1996-97	*1997-98*
# Participants in Early Childhood Education Program	*480*	*484*

Source: CommunityNet

Indicator: Increase in rates of children completing immunization series on time.

The table below summarizes the differences in immunization levels between the 1992-1993 and 1996-1997 surveys at the five Minnesota Goal Points.

Goal Point Comparison Table

Goal Point	*Age in Months and Immunizations Needed*	*# and % UTD* 1992-1993 N=503*	*# and % UTD 1996-1997 N=500*	*% difference between*
1	*At 4 months: DTP1 and Polio1*	*425 (85%)*	*429 (86%)*	*+ 1%*
2	*At 6 months: DTP2 and Polio2*	*346% (69%)*	*355 (71%)*	*+ 2%*
3	*At 8 months: DTP3 and Polio2*	*276 (55%)*	*293 (59%)*	*+ 4%*
4	*At 17 months: DTP3, Polio2, & MMR*	*248 (49%)*	*296 (59%)*	*+ 10%*
5	*At 20 months: DTP4, Polio3 & MMR*	*226 (45%)*	*292 (58%)*	*+ 13%*

**Up to date*

Source: Kindergarten Retrospective Study Data

Short term indicator: Increase in early referrals to Education, Public Health and Social Services agencies to alleviate or lessen problems at school entry

In 1997, 24 IFSP referrals were made compared with 14 in 1996. (Source: Kid's Count).

Youth Maturation/School Performance/Social Integration

Indicator: Increase the assets of all children/youth regarding health and development.

In 1996, youth in Morrison County had an average of 16.5 assets of a possible 30 as measured by Search Institute's Profile of Student Life Survey. A follow-up survey is planned for 2001.

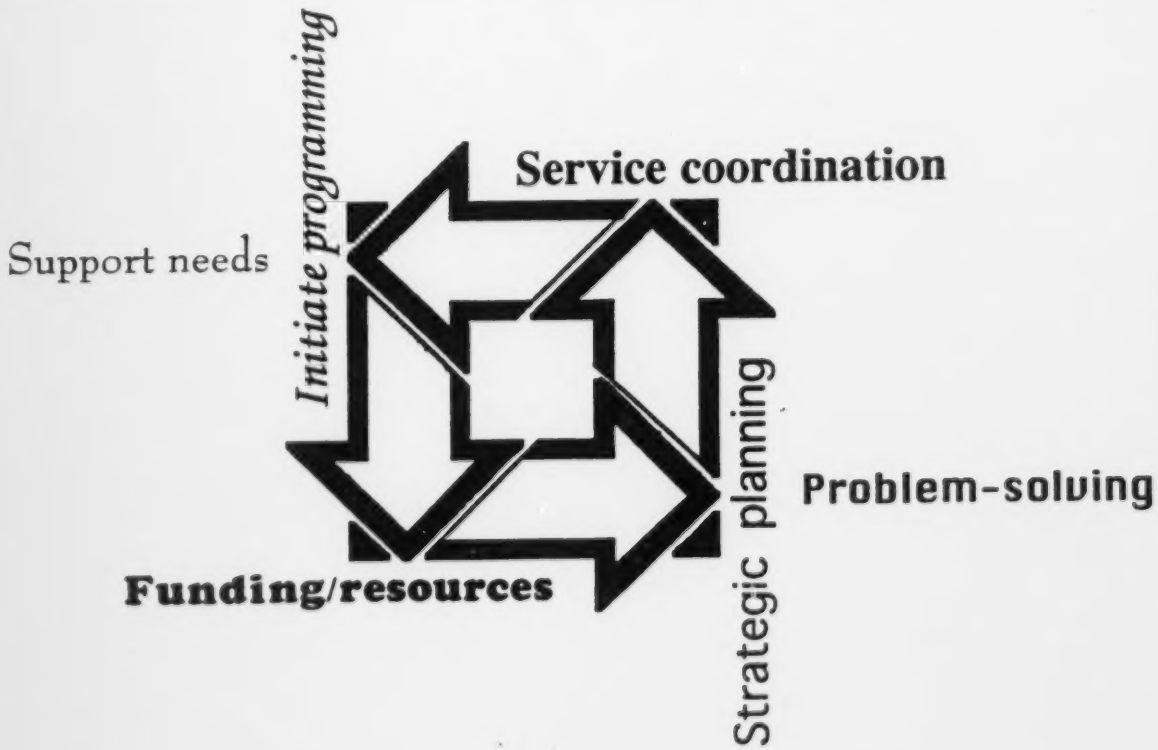
Indicator: Increase participation in community leadership activities by youth.

- *125 students attended the Mitch Anthony Leadership Skill Summit.*
- *Two students attended 5th Annual Minnesota Youth Summit.*
- *Three students attended Minnesota Alliance with Youth Statewide Summit.*

LESSONS

- Communities are always evolving as are mandates and parameters; providers need to meet this challenge.
- We have a lot more to learn and a long way to go. Collaboration is an ongoing, evolving process.
- The amount of effort required to stay focused on children, youth and families is much greater than anticipated.

Nobles County Family Connections Collaborative



a recognized State of Minnesota Family Service Collaborative

Background

The historical development of Family Service Collaboratives dates back almost a decade. In 1991, Governor Arne Carlson created the Action for Children Commission. This state-wide task force, which included representation from nonprofit organizations, children's advocacy groups, the business community and government, was asked to create a vision for Minnesota children and families. As part of its charge, the Commission agreed to recommend needed changes in service delivery systems.

As a result of the Commission's final report, "Kids Can't Wait," a number of initiatives were planned. Governor Carlson created the Children's Cabinet at the executive branch level. Minnesota was also selected as one of five states to compete for funding from the Pew Charitable Trust, enabling communities to consider how to provide more support for families by reconfiguring and integrating service delivery systems. To initiate some of the collaborative planning that would be required in this competitive grants process, the state selected three communities as pilot sites: St. Paul, Cass County and Becker County. Working with state agency representatives, these communities became engaged in an intensive and comprehensive planning process.

To enable the state to reach more communities with these initiatives, the Minnesota Legislature appropriated $8 million in 1993 to fund a family service collaborative grants program. These grant funds were intended to serve as incentives for communities to collaborate on behalf of children and families.

In order to receive a family service collaborative grant, a minimum of one county, one community action agency, one school district and one public health entity must formally agree to establish a collaborative and commit resources to an integrated fund. These collaboratives are expected to have broad community representation, which may include other counties, school districts or public health entity, other municipalities, existing culturally specific community organizations, local foundations, business and community action agencies.

Grants are available for planning and implementation. Communities receiving these monies are expected to plan or implement changes in their local systems to better serve children and families. They also are required to establish measurable outcomes.

Nobles County's Family Connections collaborative was established in February 1994, when it received its initial planning grant. Since then, Family Connections has also received three successive implementation grants, the first in June 1996.

Family Connections encourages all organizations and individuals within Nobles County to work together to improve services for families.

Purpose/Members

Family Connections consists of various committees and task teams that are organized to implement the established goals and objectives. The core membership of this collaborative includes of representatives from 10 different organizations/programs:

Nobles County Extension Service
Southwestern Minnesota Opportunity Council
SMOC-Head Start
Nobles County Board of Commissioners
Nobles County Family Services
Rock-Nobles Community Corrections
Nobles-Rock Public Health Service
Southwest MN Private Industry Council
District 518 Community Education
Southwestern Mental Health Center

To promote the development of service systems that can more effectively support the needs of local families, Family Connections has agreed to assume the following responsibilities:

To advocate for families' support needs by identifying service gaps, facilitating community goal-setting and fostering the leadership and collaboration needed to address these issues.

To establish a comprehensive strategic plan that can guide countywide efforts to create support systems that will nurture the development of healthy families.

To convene problem-solving dialogue on issues that cross systems and **to assist in coordinating system improvement efforts** being planned by other collaborative groups.

To provide funding or other resources to agencies promoting prevention and early intervention services for families.

To initiate programs that can fill service gaps or enhance existing services.

History

- November 1993 - Planning committee applies for family service collaborative planning grant.
- February 1994 - $30,000 planning grant approved. Collaborative core committee organized, meeting monthly to conduct business. Task teams are established.
- April 1994 - Planning coordinator hired. Assessment process begins to identify families' needs, existing gaps in service delivery, duplication of effort and barriers to interagency collaboration.
- December 1994 - Family Connections submits implementation grant proposal. Proposal recommends strategies and objectives for addressing needs identified during planning process. Grant was not awarded.
- Family Connections continues to operate during all of 1995 and 1996 without state implementation funding. Core committee and task teams work on collaborative objectives. Many are scaled back due to the lack of grant funds.
- June 1996 - Family Connections re-applies for a state implementation grant.
- July 1996 - Year one implementation funding of $155,000 was awarded to Family Connections. This is a five-year grant with additional monies to be received in subsequent years.
- December 1996 - A part-time administrative assistant is hired to complete the Collaborative's day-to-day activities and the Local Collaborative Time Study.
- July 1997 - Year-two implementation funding of $125,000 is received.
- July 1998 - Year-three implementation funding of $125,000 is received. First year of participation in the Local Collaborative Time Study yields an additional $250,000 in federal title reimbursements.

Vision

We believe that all Nobles County families should have their basic needs met. In addition to such fundamental living requirements as food, clothing and shelter, this also includes a sense of well-being that can come only from a safe and secure environment.

Families should feel welcome as part of the Nobles County community. This sense of belonging should reinforce their belief in themselves as important, contributing members to the larger community.

As a caring community that seeks to nurture the growth and development of its members, we will accept and value all families regardless of their configuration, situation, color or beliefs.

We believe that as service providers we should be cost-conscious stewards of our limited resources. Before creating any new service, we should ensure that we have maximized the use of existing programs and the funds that are currently being used to support them.

We also recognize the need to integrate services so that they may become capacity-building for families. We believe there is an inherent value in cooperating in the delivery of services and we are committed to a collaborative approach to solving shared problems.

Initiatives

These initiatives are currently being funded with Family Connections monies:

- Bilingual community workers, known as **Community Connections**, provide outreach services to families with limited English skills. The Connectors, who speak Spanish, Laotian and Amharic, are also able to assist local agencies by distributing program information and getting consumer needs data.

- Domestic abuse is the focus of the **Working Together Violence Prevention Initiative**, which has a variety of projects involving offenders, victims and prevention.

- Professional training opportunities are provided for language **translators** so that all service agencies and families have access to quality interpretive services.

- **Family literacy programming** for families with young children offers a coordinated curriculum of adult literacy, parent education and early childhood activities.

- Promotion of positive **developmental assets** for local youth through a public awareness campaign and through a coordinated youth activity program.

- Development of an **universal intake form** for all programs to eliminate duplicated data gathering.

- **Agency training** (e.g. staff, boards) on collaboration and other significant topics; additional training resources are made available through a **lending library**.

- Twenty-four hour **information and referral hotline** for Nobles County families and agencies. Complementing this effort is a series of **service directories** published for families and agencies.

- **Family Advocates** help families access beneficial support services from agencies and school districts.

OUTCOMES

Family Connections' Core Committee selected five major categories at first and later chose to merge two of the similar categories to keep outcomes and indicators in three major categories: organizational and systemic change, family functioning/economic self sufficiency, and child development/youth maturation and social integration.

Organization and Systemic Change

Short term indicator: Increased number of organizations and individual members participating in collaborative Task Teams.

In 1996 four organizations participated; fifteen did so in 1997. No data is available on the participation of individuals.

Short term indicator: Increased resources available to agencies through an integrated fund.

In 1996, $155,000 was available in the integrated fund; in 1997, this had risen to $308,528.

Short term indicator: Increased training opportunities focusing on collaboration and/or designed to promote interagency collaboration.

In 1996 and early 1997, three trainings were conducted by Karen Ray Associates. In 1997, one training was led by Angie DuBois, Family Literacy Program. Four training have been conducted through July 1998: three by Susan Stephens of the Center for Assessment and Development, Philadelphia, PA and one conducted with the City of Worthington and Nobles County to study countywide transportation (facilitated by LJR Inc. and G. C. Bently Associates, Inc).

Data are not yet available for the following indicators:

-Increased awareness of Family Connection's purpose and focus.

-Increased parental input and participation into the Collaborative's goals, objectives, and task teams.

-Greater participation by Core Committee members in coordinated community needs assessment, program planning, and evaluation.

Family Functioning/Economic Self Sufficiency

Short-term indicator: Increased participation in Family Literacy Program.

Participation in Family Literacy Program

	1996	*1997*
Number of children	*0*	*45*
Number of adults	*0*	*45*

Source: District 518 Community Education

Short term indicator: Increased first-time offenders in the domestic violence anger and intervention program.

Number of first-time domestic violence offenders in program

1996	*1997*
0	*18*

Source: Working Together Violence Prevention Committee

Long-term indicator: Reduction in out-of-home placements.

Number of out-of-home placements

1996	*1997*
85	*64*

Source: Nobles County Family Service Agency

Data are not yet available for the following indicators:

–Increased reporting of child abuse/neglect

–Reduction in substantiated reports of child abuse/neglect

–Reduction in truancy referrals to family service agency.

–Decreased repeat participation in domestic violence and anger intervention program.

Child Development/Youth Maturation and Social Integration

Short-term indicator: Increased youth participation in service activities.

Grade level	*Number of participating students*	
	1996-97	*1997-98*
10-12	*419*	*278*
7-9	*177*	*109*
4-6	*247*	*328*
K-3	*42*	*244*
Total Number of Community Service Hours	*13,208*	*18,360*

Source: District 518 Youth Development Program

Data are not yet available for the following indicators:

–Decreased number of youth participating in risk-taking behaviors

–Increased average number of developmental assets for all Nobles County children.

–Increased availability of mentoring programs/activities to children of Nobles County.

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Two Year Outcome Report

North Suburban Ramsey County
Communities Collaborative

SETTING

The North Suburban Ramsey County Communities Collaborative is a collaboration among three Independent School Districts (621 Mounds View Area, 622 North St. Paul - Maplewood-Oakdale, and 624 White Bear Lake Area); East Communities Family Services; Northwest Youth and Family Services; White Bear Area Community Counseling Center; Ramsey County Job Training; the Ramsey County Department of Public Health; and the Ramsey County Community Human Services Department.

The north suburban communities of Ramsey County represent a mixture of old "small towns" that have grown in recent years and become more urban and areas of new development. These newly developed areas include residential single family homes, apartment complexes, and retail and industrial buildings. While having a base of middle and upper middle income families, parts of the northern suburbs also have significant numbers of low income families.

In the beginning stages of the North Suburban Collaborative, several meetings and consultations were held with school personnel, law enforcement agencies, community groups, social service agencies, juveniles, and parents. The results of these meetings, along with data from the Minnesota Student Survey conducted in all three school districts, focused the Collaborative on key areas of concern:

Violence: Data and community consultations highlighted increasing levels of school assaults, aggression, sexual harassment, weapon possession, vandalism, and peripheral gang activity.

Sexual Activity: Approximately 28% of 9th graders and 60% of 12th graders reported being sexually active.

Pregnant and Teen Parents: Pregnant teens and teen parents need career planning, parent education, child development, supportive counseling, and involvement of teen fathers.

Chemical Use: The number of youth who are using alcohol, tobacco, and other drugs has increased. Concern has also been raised about youth living in homes with chemically dependent parents.

Depression/Suicidal Children in Crisis: School personnel reported increasing requests from students for assistance with depression, suicidal threats, rage, grief, and stress.

Mental Health Needs of Young Children: While many programs exist in Ramsey County to identify children with mental health needs, few programs are equipped to provide the intensity of services needed, especially programs designed to meet the needs of suburban families. No program existed at the time of the grant application for early childhood services with an emphasis on mental health services.

Young Families' Needs: Focus groups with families with children under the age of five identified the following needs: a Help Line, Resource Center, a reference sheet documenting available services, enhancement of existing programs, personal contact with families, help with child care, support for parents, and family friendly communities and businesses.

The Collaborative also identified the communities' strengths: a sound education system, high quality mental health and social services, responsive park and recreational programs, excellent police department, and a willingness to solve difficult problems.

OVERVIEW OF THE INITIATIVE

During the past two years, the North Suburban Ramsey County Communities Collaborative was organized into four Action Teams and a Coordinating Council. The Action Teams were organized around identified needs and areas of interest of Collaborative members: Young Families, Direct Services, Integrated Services and Community Building. The Coordinating Council was made up of two chairs from each of the Action Teams. A merger of the Roseville and North Suburban Family Collaboratives and the creation of a new formal governing board was complete as of January 1998.

In addition to the partners listed above in the preceding section, many other agencies and volunteers have participated in the work of the North Suburban Collaborative. These agencies include, but are not limited to: Resources for Child Caring; the Ramsey County Library; HealthEast; Early Childhood Family Education; Early Childhood Information and Referral; Wilder Child Care Consultation Program; Redeemer Lutheran Church of White Bear Lake; Minnesota Extension Service; Parent Communication Network; Ramsey County Sheriff's Department; City of White Bear Lake; and the City of Mounds View Parks, Recreation and Forestry.

The Collaborative developed the following mission statement: To strengthen our community and families in nurturing the healthy development of children and youth through an integrated service delivery system and shared decision making.

STATUS OF KEY COLLABORATIVE STRATEGIES

In the past three years, North Suburban Ramsey County Communities Collaborative has identified five key strategies: establishing an integrated service delivery system, reducing barriers to services, expanding the Collaborative to include more providers, establishing a formal governance structure that allows broad participation, and training on decision-making for Collaborative members. The following strategies were implemented:

- The Young Families Action Team conducted three focus groups in the Fall of 1996 with 28 parents in the Mounds View, White Bear Lake Area, and North St. Paul-Maplewood-Oakdale school districts. Focus groups asked parents about barriers to services, the specific concerns and needs of parents with young children, and the types of support which would help them be better parents. The focus groups were also intended to incorporate the perspective of parents into future planning.

- The entire Collaborative membership completed an Annual Process Survey in the summer of 1997 to identify the organizational and systemic change that has resulted from the efforts of the previous two years and to assess the degree to which the service delivery system is seen as integrated by the Collaborative membership.

- Through June 1997, the Young Families Action Team distributed nearly 6000 Resource Guides area to parents, social workers, and nurses working with families in sites throughout the north suburban county. These guides easy access to information about services.

- All licensed staff in public and non-public schools in districts 621, 622, and 624 were invited to a training series provided through the Collaborative. The seven-session series, entitled "Students at Risk," covered a range of related topics: Kids from Violent Homes, Body Image and Eating Disorders, Touch, Gangs, Child Abuse, Psychological Disorders and Pharmacological Treatments, and Resiliency.

- The group identified four strategies that are related to providing integrated services to families including: 1) parent participation in support groups and trainings; 2) youth participation in conflict resolution, anger management support groups, and trainings; 3) participation of juvenile repeat offenders in intensive services; and 4) Collaborative-sponsored screenings to identify children, youth, and parents who need services.

Based on the key areas of concern identified in the planning stages of the Collaborative, the group focused its initial efforts on planning and providing services to address the needs of youth in the community. Chemical health staff in all three school districts also conducted a major needs assessment which led to the creation of a menu of services by three member agencies in the Collaborative. The menu was presented to the schools in the three school districts within the Collaborative's geographic area. Northwest Youth and Family Services, White Bear Lake Area Community Counseling Center, and East Communities Family Service offered nearly 100 groups including both parent groups and youth groups that spanned a large array of topics from anger management and conflict resolution to teen parenting and support around emotional issues.

- Brookside Summer Day Camp was designed by staff from Northwest Youth and Family Services for the summers of 1996 and 1997 and offered in the community at a mobile home park. Staff from the Ramsey County Sheriff, Mounds View School and Community Education, and Shoreview Parks and Recreation provided activity supervi sion on a volunteer basis. Twice during the summer, the Day Camp brought a group of Hmong youth from a St. Paul Public Housing summer program to participate in a "Olympics"-style event, with transportation donated by a St. Paul school.

- The Collaborative implemented the Juvenile Repeat Offender Program (JROP) during 1996 through its three Youth Service Bureau partners: East Communities Family Service, Northwest Youth and Family Services, and White Bear Lake Area Community Counseling Center.

- The Collaborative funded and sponsored a summer program for third through fifth graders in 1996, with services provided by East Communities Family Service and in col laboration with District 622. The goal was to help a dozen withdrawn and shy children learn and practice relationship skills and to enhance self-esteem in preparation for reentering the school environment in the fall.

- North St. Paul-Maplewood-Oakdale Schools (Independent School District 622) received support from the Collaborative for a summer social skills program for youth identified with emotional and behavioral difficulties. The program works to provide structure during the summer and to teach skills that will be applicable at home and, eventually, applicable in independent living situations.

- The Collaborative submitted a proposal to the Department of Children, Families and Learning to fund a Collaborative library project in the North St. Paul area. Known as the Library Collaborative Project, this project offers support, knowledge, and the skills needed to raise healthy children to expectant and parenting families. A children's librarian will conduct outreach at sites including Early Childhood Family Education, Family Learning Center, Head Start classes, and other community locations. A library-based resource collection of materials will be developed for parents, and lending story kits for pre-schoolers will be created. In addition, the Baby Steps/Baby Ready Literacy Program will be offered at the library. This project included several Collaborative partners including the Library, Early Childhood Program, Family Learning Center, Public Health, Minnesota Extension Service, businesses, and senior volunteers.

OUTCOMES

The Year Two Outcomes report is focused on two major areas—organizational and systemic changes and school performance. Although these two areas do not encompass all of the key Collaborative strategies, outcomes are beginning to emerge in these areas. The evaluation of activities will be expanded next year to assess outcomes beyond the current efforts.

Organizational and Systemic Change

Collaborative members completed an Annual Process Survey to rate the influence of the Collaborative in building relationships between members and member agencies and to assess the progress made in integrating the service delivery system. Nineteen Collaborative members completed the 15-item survey in August 1997. Members rated items on a scale of one to six points, with "terrible, poor, okay, good, very good, and terrific" used as descriptors.

Short term indicator: Increased awareness of services and informal sources of help among service providers and families.

Most members assess their ability to identify the appropriate services for families positively (69%). Members rate positively both their ability to know the right person to call to access services (65%) and the ease with which services are accessed (53%).

Short-term indicator: Increase in proportion of service providers reporting they understand their roles and the roles of others and feel supported and respected in their roles.

Sixty-three percent of respondents positively rated their understanding of their own role in the Collaborative. At the same time, group ratings were split between slightly negative and slightly positive regarding the extent to which they understand others' roles.

Short term indicator: Increased or sustained levels of trust and openness among Collaborative members.

Nearly 95% of the respondents positively rate the extent to which their skills are respected by other Collaborative members, and 94% rate the extent to which they feel supported in their role by other members as positive. Only 53% of respondents rated positively their feeling of being supported in their role by their own agency. The openness of discussion of Collaborative members is also rated positively by 53% of the group. Finally, the level of trust in other Collaborative members was rated positively by nearly 90 percent of the respondents.

Short term indicator: Communication and transferring client and other information among Collaborative members becomes easier.

Nearly 52% of the respondents rated the ease of transferring information positively. The extent to which other members follow through on what they said they would do is given higher ratings, with 74% of those completing the survey assigning a positive rating. The ease of actually coordinating services provided as a result of the Collaborative, however, is rated negatively by the majority (56%) of respondents.

Short term indicator: The extent to which the Collaborative meets the expectations of members.

Many respondents (44%) responded to this item with a slightly negative rating, while another group of respondents (28%) rated this item positively. Members identified areas that need further clarification for the Collaborative to improve effectiveness, specifically regarding the mission and the changing governance structure.

School Performance

The Collaborative hoped to gather outcomes regarding school performance of support group participants as measured by disciplinary incidents, staff reports of student progress, attendance, or grades before and after group involvement. Attempts to gather this data provided lessons regarding the amount of planning needed to access these records. For example, disciplinary incidence and attendance records are destroyed in one school district from one academic year to the next.

A few indicators were tracked on students in support groups in the White Bear Lake School District:

Short term indicator: Increased rates of students on Honor Roll

In Winter 1997, participants in the Girls' High Risk Groups and the Adolescent Mothers Group at White Bear Lake South High School showed noticeably high rates of achieving a place on the second quarter Honor Roll. Although grades prior to the enrollment in the groups were not documented, the criterion for entering the group included an opinion on the part of school personnel that the applicant was at high risk to drop out or fail school. Fifty percent of the 18 High Risk Group participants achieved the A or B Honor Roll during the quarter while they were in group, and 42% of the 12 participants in the Adolescent Mothers' Group achieved the A or B Honor Roll.

Short term indicator: Improved school attendance

Of 11 participants in an Anger Management group at the White Bear Middle School, 10 reported that the group helped them to maintain or improve their attendance in school. One participant reported that, since being in the group, he or she decreased chemical use.

LESSONS

Action Teams provide an effective structure for members. Interviews with members highlighted the success of the Action Team structure. The smaller Action Teams allowed individuals to pursue their professional interest area and work in groups smaller than the original 40-50-member Collaborative. Team members report a clearer sense of mission because of the Action Team collaborative work. In addition, the overall Collaborative established four levels of involvement for members to choose from which interviewees saw as a strength. One Action Team chose service delivery as an initial focus; participants saw the provision of tangible services to families as a successful strategy. Members of the Young Families Action Team saw the ability of families to access services across geographic boundaries as an outcome of their strategy of offering resources as a collaborative across sites.

Members realize the need to develop the Collaborative further. In the early stages of the work, members reported confusion regarding the purpose of the Collaborative or the perception that people were present with very individualized agendas. Large group meetings seemed to add to this general lack of focus. The structural changes noted above made a big difference in helping to create a Collaborative agenda that many thought was clear. Members are now aware that they need to be creating a Collaborative around the service delivery system that improves integration and shared decision-making. To that end, members are seeking more clarity about Collaborative outcomes, and the group is preparing to work with an external evaluator to develop further evaluation outcome measures that will focus on the next steps in developing the Collaborative.

Governance and decision-making needs. Most recently, the formal decision-making structure that was adopted by the Collaborative membership has been occasionally overruled or circumvented by stakeholders whose formal power in their agency warrants their involvement, but who do not have a formal role in the Collaborative itself. Collaborative members are eager for a decision-making structure that includes all of the necessary stakeholders. This change is especially critical now that the Collaborative and member agencies are participating in the Local Time Study.

The system is larger than originally envisioned. How to set realistic goals was an important understanding arrived at over time. One Action Team set very "lofty" goals for itself and has had to hone these original goals down to more manageable bits. In the process of setting goals that were too lofty, several members mentioned thinking that they knew what families needed without ever asking families themselves. From that point, the Young Families Action Team held a series of focus groups with parents in 1996, and they were surprised by some of what they learned. Parents identified a need for a single number to call or place to go to find out about resources. Ideally, this number or place would have flexible hours and plenty of staff (no waiting lists). Parents also would like advocates or be trained as self-advocates when trying to access services.

System change takes time. Collaborative members see that systems change takes a great deal of time, both in intensity and in length. One of the most telling understandings that emerged from the group, besides the overall acknowledgment that their relationships are now stronger, is that while line staff can build trust and break down barriers in service provision, whole systems change needs to involve those with formal power. Several Collaborative members who are line staff feel frustrated after having made promises that they couldn't keep because of changes made in the mission and spending priorities of the Collaborative. Another member noted that the real test of systems change will be if the system stays changed, meaning that service provision is truly integrated, even after the funding is gone.

Issues for policy makers. Several members spoke to the need for policy makers to allow more time for the collaboratives to solidify and to be patient for changes to occur. Some see a benefit in allowing funds to carry-over. In this particular Collaborative, feeling forced to spend dollars before the end of a grant period was cited as contributing to a focus on service provision. The recent move to form a joint powers agreement with a neighboring Family Services Collaborative is viewed favorably by members. In addition to easing the ability of member agencies to integrate services, this change will create a governance structure which involves the necessary stakeholders with formal power.

Two Year Outcome Report

FACES Family Action Collaborative of Olmsted County

SETTING

Olmsted County has a population of 116,537, including 27,261 children from ages 5 through 19 (1997 data). The County includes five school districts. Countywide leaders in human services, business, and communities have worked continuously for improved services for residents of Olmsted County. In the early 1990's, however, collaboration was not practiced widely. Those delivering the services were faced with competition over dwindling dollars, portions of the systems that needed change, and a growing number of residents who needed services. A COMPASS Needs Assessment had identified barriers within the county.

The Family Services Collaborative of Olmsted County, named the Family Action Collaborative (FACES), developed to address these barriers. Members felt the pursuit of collaboration was important to reduce duplication, remove artificial and real barriers, expand the realm of organizations working together, and increase work in prevention and early intervention. The FACES vision, *Olmsted County: Where all children and families thrive and grow*, underpins the efforts of stakeholders working together to build a system that values empowerment, mutual respect and trust, diversity, and working together.

FACES strives to foster ongoing collaboration, strengthen community prevention efforts, make services easily accessible and culturally sensitive, and to empower families.

OVERVIEW OF THE INITIATIVE

In 1993, Olmsted County conducted a COMPASS Needs Assessment to determine needs and barriers to service experienced by county residents; the assessment indicated portions of the human service delivery system that needed attention. Building on the energy the COMPASS report created, the Collaborative Task Force met in 1994 to investigate the creation of a family services collaborative. With representation from the County's five school districts, Rochester City Council and Area Chamber of Commerce, County Community Services, County Board, Public Health, non-profits, businesses, and interested citizens, the Task Force met regularly. Stakeholders developed a common vision, goals, values, and a structure for systemic change within service delivery systems that serve families with children 0-18 years old. The Collaborative began officially in 1995.

The mission of the Collaborative is: *to break barriers and apply solutions that support children and strengthen their families throughout Olmsted County.* FACES seeks to promote a community ethic that values:

- Empowering families, children and adolescents to take active responsibility in defining and addressing their needs;

- Easy access to services so families can meet their needs;
- All families feeling connected, accepted and supported by the community;
- An atmosphere of courtesy and mutual respect between families and service providers;
- The increasing cultural diversity of our children and families
- Families, service providers and policy makers/funders working together to focus community services on prevention, family empowerment and interagency collaboration.

FACES has outlined the following goals:

1. Provide a format and structure for on-going efforts to foster countywide collaboration that will improve the delivery of services to chidden and their families.
2. Strengthen and focus the community in its efforts to provide prevention and early intervention services for children and families.
3. Make services easily accessible and culturally sensitive for all children and their families.
4. Change the culture of the service delivery system to one that is empowering for families and recognizes their abilities to define their needs and take active responsibility for their futures.

FACES is governed through trust and informal agreements. The Partnership Committee is at the hub of the decision making model, with the Collaborative Action Teams as spokes of the governance wheel. Co-chairs of the Action Teams serve on the Partnership Committee which meets monthly and contracts with a. full-time Coordinator to provide assistance.

Each Action Team has been given the authority to develop its own work plan, budget, project and outcomes, with resources from the Collaborative but are accountable to the Partnership Committee. Action Teams are fluid entities, forming and disbanding as goals are identified and outcomes are accomplished. Action Teams meet monthly, submit requests for grant dollars, and annually evaluate their projects. Current Action Teams and their goals include:

ACCESS AND DIVERSITY: 1) The staffs of the service delivery system will become more culturally diverse and culturally competent. 2) Diversity in the workforce will improve through education and the Internship Project with the City, County and School District.

BABY STEPS: 1) Infants and children will be healthy, safe and living in nurturing environments. 2) Early intervention, family-centered, multi-disciplinary home visitor based program for first time parents whose children are at risk.

COMMUNITYNET: 1) Olmsted County families and five southeastern Minnesota counties will have access to a 24-hour Information and Referral help line with translation services. 2) Olmsted County service delivery system will provide coordinated services through a computer linking service via the Internet.

FAMILY-BASED SUPPORT FOR CHILDREN WITH SPECIAL NEEDS: 1) Empower and strengthen families who have children with special needs to advocate for their needs and those of their children through a family-centered approach. 2) Teach families how to participate in activities that will impact systems change.

SYSTEMS CHANGE: 1) Effect long term systemic change in the Olmsted County service delivery systems. 2) Recommend outcome evaluation focus, Action Team guidelines, Collaborative funding strategies and legislative issues.

VOICES FOR CHILDREN: 1) Olmsted County will continue to empower families in crisis through access to Crisis Nursery Services. 2) A diverse cross-section of Olmsted County residents will be mobilized to increase the awareness of child abuse and neglect and methods of intervention and prevention.

YOUTH SERVICES: 1) There will be a decrease of violent/delinquent behavior among Olmsted County Youth ages 10 to 18 years. 2) Offering programs for youth (detailed in the next section).

FACES collaborates closely with Olmsted County Children's Mental Health Collaborative on the Local Collaborative Time Study. A joint committee reviews Requests for Proposal from throughout the county and determines allocations once a year, encouraging prevention, early intervention, and youth asset building.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past three years FACES has implemented the following strategies:

- The Access and Diversity Action Team held training for business and government around issues of Diversity in the Workforce. This included a collaborative effort with the Chamber of Commerce to hold a Breakfast With the Experts on Diversity.
- The Access and Diversity Action Team has been successful in placing 14 interns of color in positions within the City and County, thus increasing cultural diversity in the workplace. The Private Industry Council, Job Training Center, City of Rochester, Olmsted County, and Rochester School District's Human Resource Departments are active in this effort. The Return on Investment analysis indicates that for every grant and training dollar spent, $2.47 was returned to the community—the result of salaries received by the participants, taxes paid, and reduced public assistance benefits.
- The Baby Steps program for first time mothers/parents whose babies are at risk has graduated one "class" of 22 mothers in its initial two-year class and currently has 38 mothers enrolled. The program has developed extensive outcome evaluation tools and data. They have revised the program to be more sensitive to the needs of participants already burdened with jobs, school, and childcare by offering shorter, in-depth sessions.
- First Call for Help Line: In 1996 the Collaborative launched CommunityNet's First Call for Help, a 24-hour, 7 days per week Information and Referral Line. In 1997 CommunityNet merged with The Volunteer Connection, now providing an in-depth Internet database of information on services and volunteer opportunities in Olmsted County and Southeastern Minnesota.
- Family Based Support for Children With Special Needs has increased outreach and support to families with children with special needs. Families have gained knowledge about services and resources available to them, as well as positive self-advocacy skills to help strengthen their family unit.

- ROC After Hours established a Youth Services Center which addresses the needs of juvenile offenders and other at-risk youth by coordinating and co-locating services focused on both academic and work skill development.
- The RAP (Restitution and Prevention) Program fosters growth of developmental assets in youth. Youth pay restitution and/or complete community service hours. RAP youth have designed projects, (e.g. chairs, tables, calendar frames) which they have constructed and sold with proceeds going to Olmsted County Crisis Nursery.
- The Children First Initiative of Olmsted County involves a diverse cross-section of county organizations and individuals mobilized to increase the number of developmental assets among youth residing in the county. FACES hosted a workshop involving 82 representatives from youth serving organizations, service clubs, faith organizations, public schools, and the public at large. In addition, a Tool Box has been developed as a resource for the community.
- The Crisis Nursery Services: Collaborative work has focused on eliminating barriers to utilization of crisis nursery services and increasing the supports available to families, including participation in Grandparents Parenting Again.
- Child Abuse Prevention: Collaborative efforts have promoted better coordination of community outreach efforts via a community-wide Child Abuse Prevention Council and a public awareness campaign. Child abuse prevention displays have been set up and staffed in expanded arenas, and over 5,000 crisis number cards and parent tips to stop abuse were distributed.
- Systems Change and FACES Collaborative have partnered with the Youth, Families and the Elderly Task Force of the Rochester Area Chamber of Commerce's 21st Century Partnership to develop a strategic plan to meet the needs of those populations in Olmsted County. FACES is also championing a process to develop a long range plan for serving youth in the county. FACES and Olmsted County Children's Mental Health Collaborative held Wraparound Process Training for County providers and parents.

OUTCOMES

Outcomes of FACES work are focused in three areas: organizational and systems change, family functioning, and youth development.

Organizational and Systemic Change

Short term indicator: Increase the number of organizations that incorporate developmental asset building into their policies, curriculum, guidelines, and funding criteria.

Of the 46 different youth-serving organizations and groups attending a 1998 workshop in Olmsted County, 21 have incorporated a developmental assets building approach into at least one operational area as of Oct. 1, 1998.

Operation areas:	*1997*	*1998*
Policies, Curriculum, Guidelines, Funding CriteriaTraining, Evaluation	*14 organizations*	*21 organizations*

Source of Data: Children's First Olmsted County

Short term indicator: Increase the use of Internet and First Call for Help database by service providers as they "do business" and access information to help families.

Internet Access and Use	*1997*	*1998*
# of subscriptions in county with access	*30*	*58 (representing 29 agencies)*
		1,100 (users represented by site subscriptions)

Source of data: CommunityNet

Short term indicator: Increase the use of First Call for Help 24 hour Information and Referral line or Services Database on the Internet

There was no unified information and referral line in Olmsted County at project start and no information on services available via Internet. The First Call for Help line was started in early May 5, 1997. On-line access to services database became available on April 1, 1998.

	May-Dec 1996	*1997*	*1998*	*Total To date*
First Call for Help calls:				
# of calls	*842*	*1450*	*828*	*3,120*
# of calls average per month	*103.5*	*120.8*	*75*	*99.8*
Hits to Internet Services Database:	*Data*	*Data*	*413 (April-June)*	*Data*
# of hits	*not available*	*not available*		*not available*

Source of data: CommunityNet

Short term indicator: Increase proportion of employees working directly with children, youth and families who belong to a minority group that reflects the background of the individuals being served.

Agency/Organization	*1996*	*1997*	*1998*
City of Rochester			
# of interns of color (total)	*Data not available*	*Data not available*	*Data not available*
# of minority hires	*Data not available*	*Data not available*	*Data not available*
% of employees who are minorities	*Data not available*	*Data not available*	*Data not available*
Olmsted County			
# of interns of color (total)	*2*	*3*	*3*
# of minority hires	*3*	*6*	*9*
% of employees who are minorities	*3.06%*	*3.96%*	*4.91%*

Source of data: Access & Diversity Action Team (Human Resources Departments of Rochester and Olmsted County)

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Family Functioning

Short term indicator: Reduce percentage of families who cite transportation as a barrier to accessing Crisis Nursery Services.

Measure	*1996*	*1997*	*1998 (as of 10/98)*
# of families citing transportation as a barrier	*3*	*5*	*7*
# of families eliminating transportation as a barrier	*2*	*3*	*7*

Source of data: Crisis Nursery, Child Care Resource and Referral

Short term indicator: Increase amount of community-based support available to families.

Type of support	*1996*	*1997*	*1998 (as of 10/98)*
Grandparents participating in Grandparents Parenting Again:			
# Grandparents	*8*	*12*	*22*
# Children	*14*	*27*	*44*
Referrals to available community resources:			
# of referrals	*94*	*388*	*518*

Source of data: Crisis Nursery, Child Care Resource and Referral

Follow-up calls were made to 100% of families referred in 1998 to available community resources were contacted by phone, mail, or other means; 30% were reached and willing to respond to questions about their experience. The majority was at least satisfied with the results of the referral.

Short term indicator: Increase the number and proportion of agencies concerned with children, youth, and families that actively participate in a Child Abuse Prevention Council.

Measure	*1997*	*1998 (as of 10/98)*
# of different member organizations	*7*	*8*
# of members who regularly attend meetings	*10*	*14*

Short term indicator: Increase in child safety, child functioning, family functioning and family preservation for first time mothers/fathers whose babies are at risk of maltreatment.

Client Outcomes (April 1995-March 1998).	*May 98*		*Intended Percentage*	*Progress*
	n	*%*		
1. Children will be free of maltreatment	*15/15*	*100%*	*90%*	*Exceeded*
2. Women will demonstrate positive, sensitive, nurturing mother child interaction	*13/15*	*87%*	*100%*	*Not achieved*
3. Children will demonstrate social, emotional, gross/fine motor and language development within normal limits or will have follow-up on referrals for specialty care	*15/15*	*100%*	*100%*	*Achieved*
4. Children will receive adequate health care	*13/15*	*87%*	*100%*	*Not achieved*
5. Women will not experience an unintended pregnancy	*14/15*	*93%*	*85%*	*Exceeded*
6. Mothers will be working towards educational/vocational goals	*15/15*	*100%*	*85%*	*Exceeded*
7. Mothers will reside in safe and suitable housing	*15/15*	*100%*	*85%*	*Exceeded*
8. Mothers will have adequate income and financial management skills to meet the needs of daily living	*15/15*	*100%*	*85%*	*Exceeded*
9. Mothers will have developed an adequate social support network	*12/15*	*80%*	*85%*	*Not achieved*
10. Mothers will have adequate knowledge and skills to access the resources available to assist in meeting the needs of the family	*12/15*	*80%*	*85%*	*Not achieved*

Source of Data: Baby Steps Database, Olmsted County Public Health and Community Services

Short term indicator: Increase number of families with children with special needs receiving outreach and support.

Families attending Caregiver's Workshop & Technology Workshop sponsored by FACES and the Family Liaison Project increased by 49. 123 families received information on resources, committees, workshops, trainings via newsletter, telephone calls and personal contact. Approximately 25 action alerts regarding legislative issues were mailed to families. Nine parents involved in the Family Liaison Project are members of their local Interagency Early Intervention Committee.

Family Support Services	*1997*	*1998*
# families supported within Hospital & Clinic Setting	*35*	*50*
# families supported within Olmsted Co.	*102*	*116*
# Supported Parent Volunteers	*10*	*17*

Source of data: Arc Olmsted County – The Family Liaison Project

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Youth Development

Short term indicator: Increase assets present in the lives of youth ages 11 to 18.

The development of assets in Olmsted County youth has become priority for organizations serving youth. At this time, the Community Youth Mentorship program is assessing youth assets at six month intervals. Participating youth (42 mentees) rate in a 5-point scale (1=lowest to 5=highest) the degree to which each asset is present in their lives.

Asset	*Baseline Response As of Jan. 1998*	*Average Response As of June 199*
Commitment to learning	*3.05*	*3.15*
Positive values	*3.39*	*3.58*
Social competencies	*3.39*	*3.49*
Positive identity	*3.22*	*3.43*

Source of data: Community Youth Mentorship Program

Indicator: Increase in the number of youth in the Restitution and Prevention (RAP) Program who will pay restitution and/or complete community service hours.

The RAP program has a 60% completion rate, based on available data. We have difficulty in tracking payments made directly by youth who are already working or obtain part-time employment. The smoking cessation and ECHOS programs have a greater than 90% completion rate.

# of Youth	*$ Paid (as of April 1008)*	*# of Hours*	*# of Cases Closed*
42	*$9,438*	*1,975*	*20*

Source of data: SE MN PIC/ROC after Hours PAP Component

Indicator: Increase in the number of youth in RAP who will obtain employment.

Fifty percent of the RAP youth obtain employment while participating in the program. Approximately 33% are working at the time of enrollment.

# of Youth	*# Employed*	*%*
42	*21*	*50*

Source of data: SE MN PIC/ROC after Hours PAP Component

LESSONS

In February of 1998, 38 members, including past and present partners of FACES Collaborative, evaluated the "Process of Collaboration." Participants generated the following answers to the question, "What is it we are trying to achieve by collaborating?"

- Collaboration allows continuous re-engineering to enhance system responsiveness to children and families.
- Collaboration enhances our effectiveness to reach outcomes that improve the status of clients.

- Collaboration promotes customer-centered service delivery.
- Collaboration creates a synergy of shared power.
- Collaboration enhances civic ownership of issues that face children and families.
- Collaboration allows us to maintain/enhance a shared vision and direction among collaborative members.
- Collaboration enhances the identification of systemic/structural barriers.

When collaboration works, why does it work?

- Mutual responsibility, trust and accountability.
- Provides incubator/filter (think tank) for creative ideas/initiatives.
- Client/customer focused.
- Consideration of all kinds of resources.
- The right timing.
- Broad based participation.
- Perseverance–commitment.
- Shared vision.

When it doesn't or hasn't worked, why not?

- No shared vision – no buy-in, "not my problem," not a priority.
- Not involved the right "mix" of stakeholders.
- When there's been an "expectation of ease" — you need to be prepared to work hard.
- Artificial/real organizational/system road blocks.
- Mistrust — hidden agendas, competing interests, can the few represent the whole?
- Customer-focused versus customer-directed.
- When big community issues aren't picked and others outside the "usual players" aren't included.

FACES partners have learned that collaboration takes work, patience, communication, time, and sharing. As we move toward an integrated system, collaboration promotes "out of the box" thinking and new approaches to how we address community issues. Collaboration encompasses synergy, establishing cooperation between organizations/systems in order to best leverage their strengths. Collaboration generates organizational energy that tests the boundaries of existing systemic or structural barriers and quickly resolves them. With collaboration, the opinions of parents and children we serve are sought out, creating a natural accountability for providing quality customer-centered services. As one stakeholder shares, "Collaboratives are not about "empire building," but like the Beatrice Foods commercial, 'We don't make the products, we make the products better!'"

Two Year Outcome Report

Pennington County
Family Services Collaborative

SETTING

Pennington County consists of one major community (Thief River Falls) and two smaller communities (Goodridge and St. Hilaire) and has a population of approximately 14,000 citizens. The County is served by two school districts. A variety of human service agencies are located within the county, serving both Pennington County and the surrounding trade area.

The primary reason for pursuing family services collaborative work was to enhance our local system serving children and their families. Pennington County was witnessing a steady increase in the number of youth needing out-of-home placements and being placed outside of the county. Often, children returning from these placements were unable to retain the improvements they had made and too often experienced subsequent placements. Likewise, many believed family preservation would be difficult to achieve if children and their families were geographically separated from one another.

In an effort to address these concerns, key players conscientiously planned the development of an innovative integrated local service delivery system. This included the implementation of new services as well as the enhancement of current services in order to reverse this "revolving door" trend. As a result, the Pennington County Family Preservation Project was developed which consisted of a community-based model to provide services to at-risk families in the county. Services included an enhancement of the existing in-home, a family-based counseling program; education and prevention programs for children and families; a family resource and education center; emergency resources; activity programs for children and families; and an eight-bed, community-based Rule 8 treatment facility.

A secondary reason for pursuing collaborative status was the opportunity to access implementation funding through the Department of Children, Families and to assist in our efforts to realize the development of our seamless service delivery system. We accepted collaborative funding, however, only after assurances acceptance would not require us to misshape program design.

OVERVIEW OF THE INITIATIVE

Efforts over the past two years have focused on the development and implementation of components of the Family Preservation Project. Since the project's onset, in-home, family-based service staff has increased from one to seven full- and part-time workers. Recreational and activity programs as well as emergency resources for families, foster families, and clients have been implemented. A 10-bed, community-based Rule 8 group home/treatment center was built and became operational in December 1997. During the summer of 1998, an enhanced respite care program was established. It is expected that when the Pennington County Family

Preservation Project gains a more solid footing, the Collaborative will focus on other community-based projects.

In making decisions, the Pennington County Family Services Collaborative has not experienced obstacles. Virtually all decisions are made by consensus and reflect the positive working relationships that historically have existed among Collaborative partners. Because of this history together, we were afforded the luxury of not having to expend significant energy in courting one another in order to forge these relationships. The Collaborative partners meet on a quarterly basis with opportunities to meet more frequently if needed. Even as new partners join us, or existing partners change, we believe the relationships we currently enjoy will no doubt continue.

From the very early stages of the planning process, it was understood that the programs and services we were implementing would experience growing pains and would periodically need to be modified. Collaborative partners did not see this as a weakness, but rather as an expectation. As one of the partners pointed out, "Only by bumping into obstacles are we able to identify problems and fine tune the system."

STATUS OF KEY COLLABORATIVE STRATEGIES

General Operating System: Collaborative activities continue to focus on providing a quality, locally-available product and, for the most part, on service development and funding acquisition. On a parallel path, however, action has been undertaken to address other Collaborative business. For example, a subcommittee was established to develop a set of by-laws under which the Collaborative functions. Likewise, another subcommittee was instrumental in developing a funding application format for organizations seeking funding through the Collaborative. Still other participants have been instrumental in identifying and establishing ongoing funding streams for Collaborative activities, including participation in the federally sponsored Local Collaborative Time Study (LCTS).

We continue to work on strategies to enhance the ongoing quality of our integrated service system. During the past year we have incorporated a system to track the out-of-home placements of children. This system allows us to monitor, on a daily basis if desired, the number of children in placement, placement costs, placement type, and length; the information can then be shared with local and state organizations in promoting the work of the Collaborative.

Activities Related to Integrated Services: During the planning of the Pennington County Family Preservation Project, information was solicited from caseworkers, direct service providers, human service organizations, and consumers in order to design a quality product. This was not experienced as a single event process but rather as an ever-active strategy imperative to the provision of quality service. As a result of this information-gathering process, program development was built around the following characteristics: services which are easy to access, family friendly, flexible to identified need and, most importantly, which take into consideration the strengths of children and families and in which families are actively involved in developing and directing.

OUTCOMES

Because Collaborative efforts have thus far centered on the development and implementation of the Pennington County Family Preservation Project, we have not yet focused on the measurement of outcomes. Since implementing the project, we have become aware of service components we wish to observe and measure more effectively. For instance, we are interested in the impact of the local service delivery system on the preservation of families. Other outcomes we intend to measure include:

- satisfaction experienced by consumers, as well as service providers, and
- improvements in the functioning of children and their families

We realize that a process needs to be established to formally measure these outcomes which will build on our already initiated tracking system focusing on the out-of-home placements of children. Thus far, we have observed that out-of-county placements in Rule 8 and Rule 5 settings have decreased dramatically. Correctional placements, on the other hand, appear to be the same or higher than before the project's inception. A larger number of families have also been accepting in-home, family-based services. This no doubt reflects the increased availability and promotion of this service. Service organizations and providers are also finding themselves busier because a greater number of families are being served locally.

LESSONS

We envisioned that by implementing the Pennington County Family Preservation Project and serving a greater number of families locally, we would be able to save time and expense. As a trade-off, we realized that by keeping more children in the community, staff and providers would be busier. We have learned, however, that the depth of involvement is greater than we had envisioned. Recent Collaborative discussions have raised questions about how we should address this issue.

By taking significant steps to enhance our local service delivery system, we have had an immediate impact on families and are better able to serve families locally. However, we believe that only by keeping the project active over the long haul will we be able to fully realize a lasting impact.

As long as we collectively keep clear the vision of what we want to accomplish and as long as there is mutual respect for one another, then there is room for differing opinions about how and why it should be accomplished.

Two Year Outcome Report

Pine County
Family Services Collaborative

SETTING

Pine County currently ranks fourth from the bottom of all Minnesota counties on 21 indicators of progress for children, as reported in the 1996 Children's Services Report Card. Improving this ranking is the number one goal of the Pine County Children, Families and Learning Collaborative established by the Pine County School Boards, the County Board of Commissioners, the Lakes and Pines Community Action Council, and the Mille Lacs Band of Ojibwe. The Collaborative seeks to improve a service delivery system which often is fragmented, one-dimensional, rigid, and underfunded. Because children's needs cross over the boundaries of categorical, services should be integrated, multidimensional, and coordinated to attack many problems at once rather than one problem at a time.

The Collaborative has designated its primary purposes as:

1. Improving client services by eliminating duplication, facilitating service delivery, improving communication, and reducing the effects of a complicated, fragmented delivery system.
2. Identifying the outcomes to be measured and reported to evaluate the extent to which Pine County children and families are becoming socially, emotionally, educationally, and physically more healthy.
3. Providing a forum for issue and conflict resolution through cooperative, open, and respectful interaction and communication.
4. Providing an opportunity to learn to trust, understand, respect, clarify and become familiar with each other's roles and responsibilities.
5. Providing an opportunity to develop a common vision for services to children and their families.
6. Providing an opportunity to develop coordinated service strategies.
7. Providing for the approval of interagency procedures and the establishment of Interagency Service Implementation Committees.
8. Providing an opportunity to develop coordinated legislative efforts and "reviewing and commenting" on new legislation, staff and services to be unilaterally implemented by participating units.
9. Providing a vehicle to coordinate the writing and implementing of collaborative grants.
10. Providing an opportunity for coordinating transportation efforts.
11. Providing a mechanism for deciding which funding streams can be pooled for increased efficiency and effectiveness.

12. Providing an opportunity for coordinating the utilization and construction of facilities.

13. Providing an opportunity for developing short- and long-range strategic plans.

14. Providing an opportunity for coordinating electronic communication systems.

15. Providing a mechanism for developing personnel, fiscal, and program policies for collaborative programs.

16. Providing a mechanism for developing Administrative Procedures and Professional Practices Manuals for collaborative services and staff to insure consistency across departments, agencies, and schools.

17. Placing Pine County with the rest of the state in organizing for interagency collaboration which will increase opportunities for grant funding and service recognition.

OVERVIEW OF THE INITIATIVE

The Pine County Children, Families and Learning Collaborative Agreement creates a Pine County Children's Cabinet (PCCC) that supports and facilitates the development of a coordinated and, to the extent possible, an integrated service delivery system serving children and their families. The PCCC consists of the following regular members:

- Director, Pine County Department of Human Services
- Director, Pine County Department of Health Services
- Director, Pine County Department of Court Services
- Pine County Sheriff
- Director, Lakes and Pines Community Action Council
- Superintendent, East Central School District
- Superintendent, Hinckley/Finlayson School District
- Superintendent, Pine City School District
- Superintendent, Willow River School District
- One non-governmental/state agency representative whose selection follows procedures described in bylaws.
- Commissioner of Education - Mille Lacs Band of Ojibwe
- Commissioner of Health - Mille Lacs Band of Ojibwe

The Family Services Collaborative grant has funded services in the following areas: early identification of and intervention in developmental problems; truancy prevention; family group conferencing for criminal acts perpetrated by students in schools; telecommunication connectivity; community training and awareness; and the placement of county social workers into the schools.

In order to replace state revenue which will decline over the nest two years, the Collaborative has initiated a process to collect eligible federal revenues available through the Local Collaborative Time Study (LCTS). We anticipate that LCTS revenues will be sufficient to replace the upcoming reductions in the Family Services Grant and thereby allow the existing shared services to continue without local contribution. The LCTS process also requires an Agreement among collaborating agencies as well as the establishment of an integrated budget. The Pine County Department of Human Services acts as the fiscal host for the LCTS "pooled" revenues and has entered into a standard contract with the state of Minnesota.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past two years, the Collaborative has worked to organize coordination at the service provider and consumer levels. The Pine County Children's Cabinet established a Pine County Service Council through which consumers, service providers, and administrators meet three times per year. The Service Council includes a Steering Committee made up of agency administrators who have statutory authority to develop the four subcommittees listed below:

The Child Protection deals with issues including abuse and neglect; mandated training; family problems affecting school performance; absenteeism and truancy; the use of the Sheriff's Department; criminal juvenile procedure; and other matters as deemed necessary.

The Interagency Early Childhood Services Committee carries out non-fiscal duties of the Early Childhood Implementation Committee (IFIC). The group identifies needs for both program development and funding and develops an **Early Childhood Services and Problem Solving Procedural Agreement** which describes outreach, screening, referral, assessment, and intervention efforts in the early childhood area. The Procedural Agreement is submitted annually to the PCCC for review and approval.

The Interagency Community Transition Services Committee identifies needs for programs and fiscal resources and develops a Community Transition Support Services and Problem Solving Procedural Agreement which defines the transition process schools follow for students with disabilities. The Procedural Agreement is submitted annually to the PCCC for review and approval.

The Interagency Youth at Risk and Children's Mental Health Services Committee identifies needs for interagency programming and resources and develops the Student/Family Support Services and Problem Solving Procedural Agreement and the Interagency Social Work Procedural Manual and contracts. These Procedural Agreements are submitted annually to the PCCC for review and approval.

Collaborative services implemented and funded with "pooled" money the past two years have included the following:

Integrated Child and Family Social Workers

Pine County Human Services and the county's school districts collaborated in the placement of Integrated Child and Family Service Workers into each of the four districts. The responsibilities of these social workers include but are not limited to:

1. Providing group counseling services and classroom training experiences in areas of need (e.g., family change, chemical health).

2. Providing assistance to school personnel when family issues are involved. This includes meeting with parents and teachers upon request or attending team meetings and assisting with pre-referral assessment, goal setting, and interventions when appropriate.

3. Providing children's Mental Health (MH) case management services, including reporting children who are eligible for mental health case management. Case management includes providing outreach, developing a functional assessment, developing an individual family community support plan, and assisting the child and family in obtaining needed services by coordinating with other agencies. Children's MH case management typically involves working with children and families both on and off the school grounds, and during and after the normal school day.

4. Serving as a school resource for determining whether a situation requires a mandated child protection report (e.g., suspicion of physical abuse, sexual abuse, suicide, chemical abuse, or issues of neglect).

5. Attending the school assessment and planning meetings for students with low-incidence disabilities (and their families) who require multiple social services.

Truancy Prevention

Project ATTEND (Attendance and Truancy Tracking, Education and Networking Data) is a collaborative effort between Pine County Court Services, Pine County Human Services, the Sheriff's Department, Pine County schools, and the St. Croix River Education District (SCRED). Project ATTEND aims to reduce truancy rates for Pine County students who are between the ages of seven and sixteen. The collaborating agencies work together with students and their families to identify and eliminate the barriers to school attendance. Project ATTEND supports a counselor who meets with each student and discusses issues directly related to their attendance problems. Meetings with the family and the student then take place several times to design ways they can work together to overcome the barriers to school attendance experienced by the student.

Family Group Conferencing

Family Group Conferencing represents a collaboration among the Pine County Sheriff's Department, Pine County Court Services, Pine County Attorney's office, Pine County schools, Pine County Human Services, and the St. Croix River Education District. The program focuses on criminal offenses deemed eligible for Diversion under the County Attorney's Diversion Policy and brings together those who have been affected by a juvenile's offense to explore what harm has been done and how that harm may be repaired. It is a powerful learning experience allowing juvenile offenders to take responsibility for their behavior. Pine County Court Services, in cooperation with the school district principals, implements any corrective sanctions.

Pre-natal and Post-natal Nursing Visits

Pine County Nursing Services has taken the lead in developing the pre-natal and post-natal visiting program which works to ensure that women and infants receive the medical care they need and to decrease infant morality rates and improve birth weights. Services include:

1. Pre-natal home visits to assess risk factors, determine needs, and facilitate access to pre natal education, health care, and financial or other resources.

2. Post-natal home visits to assess parent and child interaction and the health and well being of the newborn and to offer resources to address barriers such as a lack of transportation or health insurance or risk of abuse or neglect.

3. Outreach to identify pregnant women and new mothers and promote the use of preventative services by them.

Collaborative Children's Mental Health Initiative

The schools and the County Department of Human Services collaborate on the Collaborative Children's Mental Health Initiative. Through this program, the schools provide services outlined in the client's individual family service plan (IFSP) and individual community support plan (ICSP). These services include:

1. Client outreach
2. Crisis assistance
3. Medications monitoring
4. Rule 79 case management
5. Other family community support services including leisure and recreational activities, parenting skills development, benefits assistance, development of independent living skills, and assistance in special needs respite and special needs day care.

Family Conference Day

Family Conference Day—Connections for Peace: Within Yourself, Family, School and Community is a county-wide effort that celebrates community, families, and children through workshops, drama, field trips, and other family-focused activities.

Project CONECT

The vision of Project CONECT (Collaborating with Organizations by Networking Electronic Communication Terminals) is to establish an integrated, seamless, immediate, accessible, and user-friendly electronic communication system that empowers staff from different service agencies and districts to serve students better through collaboration. Through this project, the St. Croix River Education District, in partnership with its member districts and Northern Solutions, Inc. of Rush City, has developed a Wide Area Network that connects the East Central, Hinckley/Finlayson, and Willow River school districts; Pine County Human Services, Childcare Resource and Referral Office; Mille Lacs Band of Ojibwe; Pine County Development Achievement Center; Lakes and Pines Community Action Program and Head Start Services; and several early childhood education service providers. Currently most users interface with the network via the e-mail component, but as the network evolves, staff, students, and families will be able to access other features such as resource scheduling, form filling, interactive and integrated data bases, Internet/Intranet connectivity, networked calendars, file sharing, voice transmission, video conferencing, and task tracking. CONECT seeks to improve communication among agencies serving children and families and the schools in order to facilitate referrals and document exchanges.

OUTCOMES

To date, the Collaborative has focused its energy on building an organizational structure, establishing an integrated fund and interagency procedures, and establishing the range of program described in the preceding section. Meaningful progress can be made on improving the conditions for children and families in Pine County but must be measured, documented, and reported to communities. The Pine County Children's Cabinet intends to create an annual Pine County Children's Services Report Card at the end of each fiscal year. To support that goal, this year the Collaborative will:

1. Identify the indicators of progress to be included in the Report Card.
2. Identify the agency/school responsible for collecting the outcome data.
3. Agree on the format for presenting data.
4. Assign a single person to assemble the data.
5. Set a due date for submission of the data.

LESSONS

Pine County service providers are communicating in their problem solving efforts; administrators are exploring interagency opportunities to increase efficiency and effectiveness; services to children and their families are being coordinated across agencies; and interagency meetings are being made more efficient. Most importantly however, families are beginning to find the service maze less confusing as a result of more customer-friendly service delivery systems being implemented in Pine County. These results are directly attributable to interagency collaboration.

Two Year Outcome Report

Polk-Marshall Family Services/ Children's Mental Health Collaborative

SETTING

A strong belief that services can be structured in a way which helps to build communities where children and families can thrive was the driving force behind the birth of the Polk-Marshall Family Services/Children's Mental Health Collaborative. The Collaborative emerged following a series of public meetings which examined the effectiveness of the service delivery system as it was then structured. These meetings led to the determination that strengths and needs differ in larger and smaller counties, preventative programs are most cost-effective, and early intervention maximizes results for families served and funds invested.

The core group established to plan the Collaborative structure identified a series of key factors on which to base efforts to work together to achieve better outcomes for children and families:

- Provision of supportive environments for children
- Provision of a coordinated network of services to families
- Earliest possible assessment of risk and intervention with families
- Reduction of duplication
- Increased accessibility of services
- Assisting families to become independence from the service delivery system
- Preventative health care, child care, and mental health services
- Provision of a continuum of services from prevention to crisis intervention
- Provision of family-focused, consumer-drive, and community-based services
- Development of an integrated funding system, and
- Provision of the least-intrusive and culturally sensitive services

The Collaborative is committed to a service delivery system based on regionalized planning with localized control to support a "community" which truly nurtures its families and children. Members of the governance board have focused on streamlining services and procedures at the direction of and with the participation of council members, including consumers. In July 1997, the Polk-Marshall Children's Mental Health Collaborative was integrated with the Family Services Collaborative.

OVERVIEW OF THE INITIATIVE

The Polk-Marshall Family Services/Children's Mental Health Collaborative serves a large, primarily rural area in Northwestern Minnesota. Because of the large area, it was determined that the local unit for decision-making should be the Local Community Collaborative with broader planning completed by a Governance Board comprised of representatives from each local group.

The Collaborative is governed through an Interagency Agreement that establishes a formal set of expectations and responsibilities for each Collaborative partner. Decisions regarding the structure of the service delivery systems as well as about individual care are completed on three levels: 1) the Child and Family Team, 2) the Local Community Collaborative, and 3) the Governance Board.

- **The Child and Family Team** is comprised of the four to eight individuals who know a child and family best. The team is charged with grassroots planning—developing supports which will enable the child to succeed in his or her home environment.
- **The Local Community Collaborative**, comprised of individual consumers and professionals from agencies serving children and families, conducts the ongoing assessment of the service delivery systems to determine its strengths, weaknesses, and local solutions. Because of the large area covered in the Collaborative, there are several Local Community Teams which are linked to schools in their communities. Recommendations made by this team are then passed on to the Governance Board for formal approval. Local Community Collaboratives also assess the efficacy of the plans generated by Child and Family Teams.
- **The Governance Board** is comprised of 14 members from the Local Community Collaboratives and Child and Family Teams who meet monthly and are responsible for the overall planning and evaluation of the service delivery system. All members of this group are executive officers of their organizations or elected officials. This group integrates the local solutions recommended by individual community teams into a regionalized plan. Two standing committees report to the Governance Board: the Executive Committee and the Children's Mental Health Steering committee. Ad-hoc committees are convened when necessary.

STATUS OF KEY COLLABORATIVE STRATEGIES

The Collaborative has developed several initiatives to reach its goals which have included:

- **Parenting Plus:** This home visitation program focuses on strengthening families' abilities to care for and nurture their newborns. A structured assessment is completed to identify any areas of need to be addressed by in-home training.
- **Read to Me:** This program focuses on utilizing bookmobiles to provide storytime to area youth. Readers/organizers are hired with the goal of improving literacy as well as stimulating general interest in reading and supporting other school performance goals.
- **First Call:** The Collaborative has become a regional hub for First Call Minnesota which offers information and referral services via computerized database.
- **Keys to Innervisions:** This program is a cognitive/behavioral skills training program designed to facilitate better decision-making skills in children and families at risk. The

program can be completed individually or in groups. To date over 100 individuals have received keys training.

- **Health Communities/Healthy Youth Initiative:** This program, conducted by Lutheran Brotherhood, attempts to identify assets which strengthen individual youth and communities. In several of our communities, the Collaborative has linked efforts with this project to assist in identifying strengths (as well as needs) to aid with local and regional planning.

- **After School Program:** This program, developed in conjunction with the Children's Mental Health portion of the Collaborative, seeks to reduce the probability of an out-of-home placement by increasing the skills of children at risk through fun activities. Offered year-round, the program has served more than 500 children.

- **Family Ties:** Developed in conjunction with the Children's Mental Health portion of the Collaborative, this program offers home-based family skills training in order to reduce the probability of out-of-home placement. If placement becomes necessary, emphasis is placed on making that placement the least restrictive, shortest placement possible.

- **Wraparound:** Collaborative partners are fully committed to the belief that families are an essential part of any treatment planning efforts and to the value of informal supports. The wraparound paradigm is a logical extension of this philosophy, and wraparound training has been delivered to more than 70 individuals in the community —both consumers and providers.

All Collaborative programs—both prevention and intervention—focus on a community-based mode of service delivery and regional planning. Funding received from the Local Collaborative Time Study will allow the Collaborative to expand its offerings and allow existing Community Teams to design programs to address gaps in the current service system and to support an increased integrated fund.

LESSONS

Collaboration does not come easily. Although it sounds logical when the philosophy of collaboration is proposed, but its practical implementation is not so straightforward. During the last two years, the collaborative has truly advanced its ability to work together to structure better programs which resulted in a better system as a whole which more effectively meets the needs of the communities served by the system. It sounds good, but the process has been difficult and, at times, painful. Despite the difficulty, much progress has been made. Programs have been better designed. Consumer satisfaction is greater. We are better able to achieve our goals. Is collaboration easy? No. Is collaboration worthwhile? Yes! In the words of Louisa May Alcott, "Far away there in the sunshine are my highest aspirations. I may not reach them, but I can look up and see their beauty, believe in them and try to follow them.

OUTCOMES

The Polk-Marshall Family Services/Children's Mental Health Collaborative has focused its outcome evaluation efforts on assessing indicators in the following areas: family functioning; child and family health; school performance; and children's mental health. See the attached Table for details.

Polk-Marshall Family Services Report Card
1998

Family Functioning

Outcome: ***Decrease percentage of children living in households below the poverty line***

		1990	1991 FY 91-92	1992	1993 FY 93-94	1994	1995	1996 FY 96-97
Polk County	# and % of children living in poverty	1,467 (16.3%)	2,318 (25.0%)	--	2,044 (21.7%)	--	--	--
	# and % of children approved for free- or reduced-price lunch	--	2,329 (35.5%)	--	2,466 (37.0%)	--	--	2,363 (35.0%)
Marshall County	# and % of children living in poverty	477 (15.1%)	564 (17.4%)	--	461 (14.6%)	--	--	--
	# and % of children approved for free- or reduced-price lunch	--	987 (40.8%)	--	935 (38.6%)	--	--	738 (37.3%)

Sources of data: Kids Count

Outcome: ***Decrease child maltreatment***

			1991	1992	1993	1994	1995	1996
Polk County	# of children abused --duplicated count	physical	--	--	--	--	--	61
		sexual	--	--	--	--	--	17
		neglect	--	--	--	--	--	178
		mental	--	--	--	--	--	31
	# and rate (per 1,000) of cases of substantiated child maltreatment --unduplicated count		147 (NA)	150 (15.3)		138 (14.1)	157 (NA)	211 (NA)
Marshall County	# of children abused --duplicated count	physical	--	--	--	--	--	3
		sexual	--	--	--	--	--	0
		neglect	--	--	--	--	--	14
		mental	--	--	--	--	--	0
	# and rate (per 1,000) of cases of substantiated child maltreatment --unduplicated count		12 (NA)	11 (3.4)	--	24 (14.1)	22 (NA)	17 (NA)

Sources of data: MN Department of Human Services, Kids Count, Minnesota Planning

Outcome: ***Improve family functioning and family stability***

		1992	1993	1994	1995	1996
Polk County	# and rate (per 1,000) of children in out-of-home placements	143 (14.6)	135 (13.8)	--	--	164 (NA)
Marshall County	# and rate (per 1,000) of children in out-of-home placements	20 (6.3)	20 (6.3)	--	--	25 (NA)

Source of data: MN State Planning, Children's Service Report Card

Outcome: ***Decrease rate of teenage pregnancy***

		1991	1992	1993	1994	1995	1996
Polk County	# and % of births to mothers less than 18 years of age	12 (2.5%)	--	11 (2.7%)	--	--	13 (2.1%)
Marshall County	# and % of births to mothers less than 18 years of age	2 (1.5%)	--	1 (0.9%)	--	--	4 (1.2%)

Source of data: Kids Count

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Youth Development

Outcome: ***Decrease percentage of students who report at-risk or negative behaviors***

	1992			1995		
Polk County	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they have attempted suicide	NA	13.1%	9.5%	NA	16.4%	10.8%
% of students reporting they were physically abused or saw abuse	NA	20.0%	14.4%	NA	19.1%	12.85
% of students reporting they were sexually abused	NA	9.4%	8.8%	NA	9.2%	5.5%
% of students reporting family alcohol abuse	NA	19.2%	19.0%	NA	15.4%	14.6%
% of students reporting they are sexually active	NA	24.5%	55.6%	NA	22.9%	48.1%
% of students reporting they smoke	NA	10.8%	17.4%	NA	13.2%	19.4%
% of students reporting they fight	NA	47.0%	31.3%	NA	41.5%	18.9%
% of students reporting they use alcohol	NA	18.6%	37.8%	NA	20.2%	30.8%
Marshall County						
% of students reporting they have attempted suicide	NA	11.1%	9.2%	NA	12.6%	4.9%
% of students reporting they were physically abused or saw abuse	NA	18.7%	16.7%	NA	15.7%	9.7%
% of students reporting they were sexually abused	NA	4.1%	8.1%	NA	3.1%	6.1%
% of students reporting family alcohol abuse	NA	12.8%	20.2%	NA	12.6%	11.0%
% of students reporting they are sexually active	NA	19.0%	53.2%	NA	20.5%	41.6%
% of students reporting they smoke	NA	12.9%	15.4%	NA	14.7%	24.4%
% of students reporting they fight	NA	36.4%	31.4%	NA	37.2%	24.4%
% of students reporting they use alcohol	NA	16.8%	37.5%	NA	15.8%	57.1%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

Outcome: ***Improve self-reported protective factors in students***

	1992			1995		
Polk County	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they spend one or more hours per week doing volunteer/community service	NA	NA	NA	NA	20%	28%
% of students reporting they are involved in school activities (playing sports on a school team)	NA	NA	NA	58%	67%	51%
% of students reporting parents communication	53%	60%	58%	50%	27%	39%
% of students reporting family support	90%	71%	75%	88%	68%	66%
% of students reporting positive school climate	25%	12%	8.5%	13%	5%	6%
% of students reporting high self esteem	50%	41%	37%	54%	42%	53%
Marshall County						
% of students reporting they spend one or more hours per week doing volunteer/community service	NA	NA	NA	NA	NA	NA
% of students reporting they are involved in school activities (playing sports on a school team)	NA	NA	NA	73%	76%	54%
% of students reporting parents communication	34%	20%	16%	51%	57%	63%
% of students reporting family support	91%	72%	76%	83%	72%	75%
% of students reporting positive school climate	27%	10%	13%	11%	2.5%	3.5%
% of students reporting high self esteem	50%	38%	50%	53%	44%	46%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

Outcome: ***Increase self-reported assets in youth***

	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Crookston							
Average # of assets youth report are present in their lives	21	18	17	17	16	16	18
% of students reporting they spend 1 or more hours per week in: Creative activities	22%	18%	15%	26%	13%	15%	23%
Youth programs	59%	55%	61%	60%	61%	58%	61%
Religious community	71%	79%	78%	82%	73%	70%	69%
Time at home	46%	54%	43%	41%	43%	35%	37%

Source of data: Special Study by the Search Institute

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	1994						
	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Warren-A-O							
Average # of assets youth report are present in their lives	25	24	21	19	18	18	17
% of students reporting they spend 1 or more hours per week in: Creative activities	38%	24%	20%	22%	15%	24%	5%
Youth programs	66%	66%	69%	72%	62%	63%	64%
Religious community	86%	92%	91%	86%	83%	76%	74%
Time at home	69%	63%	47%	56%	43%	50%	57%

Source of data: Special Study by the Search Institute

School Performance

Outcome: ***Increase percentage of children and youth who excel in basic and challenging academic skills and knowledge***

	Students Scoring "Proficient" or Better on the MN Comprehensive Assessments	1997-98
Climax	Math grade 3	0%
	Math grade 5	45%
	Reading grade 3	0%
	Reading grade 5	25%
	Writing grade 5	12%
Crookston	Math grade 3	39%
	Math grade 5	13%
	Reading grade 3	37%
	Reading grade 5	22%
	Writing grade 5	37%
E. Grand Forks	Math grade 3	22%
	Math grade 5	21%
	Reading grade 3	29%
	Reading grade 5	26%
	Writing grade 5	35%
Fertile-Beltrami	Math grade 3	13%
	Math grade 5	27%
	Reading grade 3	29%
	Reading grade 5	33%
	Writing grade 5	23%
Fisher	Math grade 3	33%
	Math grade 5	46%
	Reading grade 3	24%
	Reading grade 5	60%
	Writing grade 5	60%
Fosston	Math grade 3	22%
	Math grade 5	35%
	Reading grade 3	22%
	Reading grade 5	40%
	Writing grade 5	20%

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	Students Scoring "Proficient" or Better on the MN Comprehensive Assessments	1997-98
Marshall City Central	Math grade 3	28%
	Math grade 5	30%
	Reading grade 3	45%
	Reading grade 5	33%
	Writing grade 5	27%
Mentor	Math grade 3	18%
	Math grade 5	10%
	Reading grade 3	18%
	Reading grade 5	10%
	Writing grade 5	50%
Warren-Alvarado-Oslo	Math grade 3	36%
	Math grade 5	43%
	Reading grade 3	28%
	Reading grade 5	32%
	Writing grade 5	43%
Win-E-Mac	Math grade 3	18%
	Math grade 5	15%
	Reading grade 3	21%
	Reading grade 5	25%
	Writing grade 5	6%

Source of data: MN Department of Children, Families and Learning

	Students "Passing" the Basic Skills Tests	1997-98
Climax	Math grade 8	60%
	Reading grade 8	67%
	Writing grade 10	--
Crookston	Math grade 8	77%
	Reading grade 8	72%
	Writing grade 10	--
E. Grand Forks	Math grade 8	56%
	Reading grade 8	64%
	Writing grade 10	--
Fertile-Beltrami	Math grade 8	52%
	Reading grade 8	51%
	Writing grade 10	--
Fisher	Math grade 8	61%
	Reading grade 8	61%
	Writing grade 10	--
Fosston	Math grade 8	60%
	Reading grade 8	65%
	Writing grade 10	--
Marshall City Central	Math grade 8	67%
	Reading grade 8	64%
	Writing grade 10	--
Warren-Alvarado-Oslo	Math grade 8	75%
	Reading grade 8	71%
	Writing grade 10	--
Win-E-Mac	Math grade 8	58%
	Reading grade 8	64%
	Writing grade 10	--

Source of data: MN Department of Children, Families and Learning

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Outcome: ***Improve the number and percentage of eligible students who graduate from high school***

		1991-92	1992-93	1993-94	1994-95	1995-96
Polk County	# and % of children dropping out of school	78 (2.7%)	--	87 (2.8%)	--	75 (2.3%)
Marshall County	# and % of children dropping out of school	6 (0.5%)	--	15 (1.3%)	--	13 (1.3%)

Source of data: Kids Count

Child Development and Child and Family Physical and Mental Health

Outcome: ***Increase percentage of children who receive age-appropriate immunizations***

		1992 FY 92-93	1993	1994	1995	1996 FY 96-97
Polk County	% of children receiving age-appropriate immunizations:					
	Up-to-date at 4 months	85%	--	--	--	89%
	Up-to-date at 6 months	74%	--	--	--	75%
	Up-to-date at 8 months	62%	--	--	--	61%
	Up-to-date at 17 months	54%	--	--	--	54%
	Up-to-date at 20 months	43%	--	--	--	50%
	% of children fully immunized by age 2	56.2%	--	--	--	65.7%
Marshall County	% of children receiving age-appropriate immunizations:					
	Up-to-date at 4 months	88%	--	--	--	92%
	Up-to-date at 6 months	73%	--	--	--	81%
	Up-to-date at 8 months	57%	--	--	--	65%
	Up-to-date at 17 months	50%	--	--	--	59%
	Up-to-date at 20 months	45%	--	--	--	43%
	% of children fully immunized by age 2	62.2%	--	--	--	64.0%

Sources of data: MN Department of Health/Kindergarten Retrospective Study (conducted in 1992 & 1996)

Outcome: ***Decrease percentage of infants who are born with health and environmental risks***

		1990	1991	1992	1993	1994	1995	1996
Polk County	% of mothers receiving prenatal care first trimester	74.4%	--	--	--	--	70.8%	--
	% of mothers smoking during pregnancy	21.4%	--	--	--	--	16.2%	--
	# and % of children born at low birth weight	--	23 (4.8%)	--	12 (3.0%)	--	--	18 (4.7%)
	# and % of births to mothers with no prenatal care	--	--	19 (5.1%)	--	13 (3.3%)	--	--
Marshall County	% of mothers receiving prenatal care first trimester	75.7%	--	--	--	--	73.0%	--
	% of mothers smoking during pregnancy	11.4%	--	--	--	--	11.5%	--
	# and % of children born at low birth weight	--	9 (6.8%)	--	5 (4.3%)	--	--	7 (5.8%)
	# and % of births to mothers with no prenatal care	--	--	7 (7.1%)	--	5 (4.1%)	--	--

Source of data: Kids Count and Minnesota Planning

Performance indicators for which current data not available:

- *Percentage of children covered under health insurance plans*
- *Percentage of mental health service recipients with improved functioning scores*
- *Percentage of mental health service recipients showing reduced severity of suicide risk*
- *Percentage of mental health service recipients enrolled in non-restrictive instructional settings*
- *Rate of criminal charges against mental health clients (felony/misdemeanor)*
- *Rate of school attendance among mental health clients enrolled in school*
- *Rate of clients and families showing improved program/service satisfaction*

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DEFINITIONS

FAMILY FUNCTIONING

Children in poverty – is the estimated number of children under 18 whose families have income below the federal poverty line. These estimates have significant margins of error at the county level, and should be used with caution.

Children receiving free or reduced-price school lunch – is the percentage of children approved to receive these meals in October of each school year. Children with family incomes between 130% and 185% of poverty pay a reduced price for their meals at school. Children with family incomes below 130% of poverty receive free meals. Not all eligible children participate in this program.

Child maltreatment – is the number and rate per 1,000 of children physically or sexually abused, neglected, or subjected to mental injury.

Children abused and neglected – is the number of children for whom a report of child abuse or neglect was substantiated by a county child protection worker. Substantiated abuse means that the local social service agency has conducted an assessment in response to a report and has found that maltreatment occurred.

Children abused (physically, sexually, neglect or mental) – is the number of children who were determined to be victims of physical, sexual, neglect and/or abuse.

Children in out-of-home placement – is the unduplicated number of children who were placed in foster care, group homes, emergency shelter or residential treatment facilities.

Teenage pregnancy – is the number and percentage of births to mothers who are under 18 years of age.

CHILD DEVELOPMENT and CHILD AND FAMILY HEALTH

Children receiving age-appropriate immunizations – is the percentage of children receiving age-appropriate immunizations who enrolled in a kindergarten program in Polk and Marshall County School Districts for the school year 1992-93 and 1996-97. MN Department of Health conducted this study in 1992-93 and again in 1996-97.

Children fully immunized by age 2 – is the percentage of kindergarten students in the 1992-93 and 1996-97 school year who have been immunized, according to the MN Department of Health's Kindergarten Retrospective Study. This study was conducted first in 1992-93 and again in 1996-97.

Children covered under health insurance plans – is the percentage of children under 18 covered by health insurance.

Children born with health and environmental risks – is the percentage of infants born with health or environmental risks such as late or no prenatal care, low maternal weight gain, smoking during pregnancy, three or more older siblings, or closely spaced births.

Children born at low birth rate – is the number of infants born weighing less than 2500 grams or 5.5 lb., including those born prematurely (before 37 weeks). The percent of children born at low birth weight is the number of low birth weight children divided by the total number of births.

Births to mothers with no prenatal care – is the number and percentage of newborns whose mother had not seen a doctor before her seventh month or at any time during her pregnancy.

Prenatal care first trimester – is the percentage of mothers receiving prenatal care first trimester. Trimester of prenatal care is calculated from gestational age.

SCHOOL PERFORMANCE

Minnesota Comprehensive Assessment Test – All public school third and fifth graders are tested in reading and mathematics; fifth graders are also tested in writing. Students cannot pass or fail these tests. These assessments are designed to evaluate student progress toward the new MN High Standards, to help schools and districts in improving achievement over time, and to generate information for school improvement and accountability. MN 3rd and 5th graders took the MN Comprehensive Assessment tests for the first time in 1998. Scores are grouped in four levels, with level 4 the highest. Students scoring at level 3 or 4 are on track to achieve the High Standards in high school.

Minnesota Basic Standards Test – All Minnesota public school students must pass this test before they can graduate. These are first given in 8th grade and measure minimum literacy in reading and mathematics. The writing test is given in 10th grade. One of the new graduation requirements for all public school students is a passing score of 75 percent on Basic Standards tests in math and reading. The test is required of all districts beginning 1998, with 78% of MN 8th graders taking the test during the phase in time, 1996 and 1997. Starting in 1999, students also must pass a writing test given in the 10th grade.

Children dropping out of school – is the number of students who were enrolled in school during the previous school year and were not enrolled by October 1 of the current school year. The percent of students dropping out is the number of students dropping out divided by the total enrollment of grades 7-12. This definition was new as of the 1993-94 school year: previously, a student was counted as "dropping out" if they were not enrolled by the beginning of the next school year.

At-risk or negative behavior – is the percentage of students reporting negative behavior in the MN Student Survey (defined below). According to Search Institute, at-risk behaviors have the potential of jeopardizes students' future and interferes with their healthy development "and in this sense, each of these places a young person at risk."

Use of alcohol – is the percentage of students who said they used alcohol about monthly or weekly.

Attempted suicide – is the percentage of students who answered "Yes, during the past year" or "Yes, more than a year ago" to the question " Have you ever tried to kill yourself?"

Physically abused or saw abuse – is the percentage of students who answered "Yes" to either of two questions: "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?" or "Has anyone in your family ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?"

Sexually abused – is the percentage of students who answered "Yes" to either of these two questions: "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually" or "Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?"

Family alcohol abuse – is the percentage of students who answered "Yes" to the question "Has alcohol use by any family member repeatedly caused family, health, job or legal problems?"

Sexually active – is the percentage of students who answered ":Yes, once or twice" or "Yes, three times or more" to the question "Have you ever had sexual intercourse (gone all the way)?"

Smoking – is the percentage of students who reported that they smoke on a weekly basis.

Fighting – is the percentage of students who reported one or more instances in response to the question "During the last 12 months, how often have you hit or beat up another person?"

20 at-risk indicators – is the percentage of students who experience 5 or more of the 20 at-risk indicators. The list of 20 at-risk indicators, each of which have the potential to limit productivity and/or emotional well-being during adulthood is: frequency of alcohol abuse, binge drinking, driving after drinking, riding after drinking, cigarettes, chewing tobacco, problem drug use, sexually active, contraceptive use, depression, attempted suicide, bulimia, gang fights, weapon use, police, theft, school absence, school dropout, physically abused, sexually abused.

Assets in youth – is the average number of assets youth report are present in their lives as identified in a study done by Search Institute. Search has identified 40 assets representing a common core of developmental building blocks crucial for all youth, regardless of community size, region of the country, gender, family economics,, or race/ethnicity. Search Institute administered this study on April, 1997 to all students in grades 6 through 12 at Central Junior High School and Central Senior High School/Crookston School District and on November 1996 to students in grades 6 through 12 at Warren/Alvarado/Oslo Elementary and High School/Warren-Avarado/Oslo School District.

Structured us of time – provide a resource for positive youth development and include involvement in extracurricular activities (and/or non-traditional activities) and other school and community involvement and programs. Search Institute defines constructive use of times as follows -

- creative activities as: percentage of young persons spending three or more hours per week in lessons or practice in music, theater, or other arts;
- youth programs as: percentage of young persons spending three or more hours per week in sports, clubs, or organization at school and/or in community organizations;
- religious community as: percentage of young persons spending one or more hours per week in activities in a religious institution;
- time at home as: percentage of young persons who two or fewer nights per week are out with friends "with nothing special to do."

Protective factors in youth – are the potential conditions that reduce the risk of alcohol, tobacco and other drug-related problems for youth according to Minnesota Health Profile report. These factors or indicators are adapted from the MN Student Survey (defined below).

Volunteer/community service – is the percentage of students who reported spending 1 or more hours in a typical week doing volunteer/community service. 1992 percentages are not being reported as the 1995 MN Student Survey question changed deleting "16-20 hrs, 21-40 hrs, and 41+ hrs."

Involved in school activities – is the average percentage of students who reported spending 1 or more hours in a typical week in playing sports on a school team. 1992 percentages are not being reported as the 1995 MN Student Survey question changed from "organized sports" to "playing sports on a school team."

Parent communication – is the average percentage of students who answered "Most of the time" to the statements "can talk to father about problems" and "can talk to mother about problems."

Family support – is the percentage of students who answered "very much" to the question "How much do you feel your parents care about you?"

Positive school climate – is the percentage of students who answered "very much" to the question "How much do you feel school people care about you?"

High self esteem – is the average percentage of students who answered "Agree" to the statements "usually feel good about self," able to do things as well as peers," and satisfied with self on the whole."

Search Institute study – is a profile of student life: attitudes and behaviors. The study was administered to all students in grades 6 through 12 at Warren-Alvarado-Oslo on November 6, 1996, and Crookston School Districts on April, 1997.

MN Student Survey – is a survey of 100 questions given to sixth-, ninth-, and 12th- grade students every three years by the Minnesota Department of Children, Families and Learning. Some questions were not asked of 6th graders and for a few other questions the indicators report only the results from ninth- and 12th- graders.

Two Year Outcome Report

Roseville Area
Family Services Collaborative

SETTING

The Roseville Area Family Services Collaborative (RAFC) serves the Roseville Area School District which includes Falcon Heights, Lauderdale, Little Canada, most of Roseville, and parts of Maplewood, Shoreview and Arden Hills. According to the 1990 U.S. Census, the population was 53,781.

While the population total is remaining relatively stable, its make up is changing. The minority population has doubled in the last ten years to 15.3%. Poverty in the community has also increased. A 9% decline in the community's median income level, compared to the state median which increased by 7.3% (1990 Census), illustrates economic change that is creating additional challenges.

During the planning phase of the RAFC, we held a number of focus groups to identify the key issues that guide the work of the collaborative members. These are:

Information - Disseminate information in more effective ways, especially to reduce isolation of families in the community.

Access - Make it easier to apply for and participate in programs. Facilitate interagency coordination of services.

Delivery - Enhance services and resources in the community through the development of the Fairview Community Center as a hub of service delivery and make referrals for services offered at other locations.

As the collaborative got underway, it capitalized on the following assets:

Preexisting interagency network - In 1987, Capitol Community Services began holding monthly meetings of service providers called the North Suburban Human Services Network (NSHSN). This history of networking helped to quickly build trust among Collaborative members.

Strong sense of community - A large number of volunteers work to make this a better place to live for all residents.

Diverse community resources - Many community resources existed prior to establishing of RAFC.

OVERVIEW OF THE INITIATIVE

During the past two years, the RAFC has taken a number of steps to make the Fairview Community Center (FCC) a true family center, a focal point for recreational, educational and social services to support families. An information center, easy to identify and welcoming, greets families as they enter the building. This center is staffed up to fourteen hours a day, six days a week. It provides visitors with information ranging from location of services in the building to resources available in the community. Cultural and intergenerational celebrations have been held at FCC, including a tea party for the seniors and preschoolers in the community. In addition, more family services are being offered at FCC. For example, a staff person from Ramsey County Job Training spends six hours a week working with community residents at FCC. Public Health has expanded the services it offers on the premises.

Lack of transportation from home to FCC has long been a key barrier for families needing services. RAFC focused early efforts on this and obtained a donation from the North Suburban Youth Association to purchase an eight passenger, two-wheelchair tie down lift-equipped van. The van is running at capacity, averaging 590 one way trips each month. A Campbell product label collection is underway to obtain a second van for free. This project has served to further the sense of community among the participants.

The RAFC has also expanded the number of services available in response to the changing demographics of the community. We have established the Family English Program whose components include parenting, parent-child time, English as a Second Language classes, and children's play group. In addition, an English as a Second Language (ESL) program has been established at a nearby Hmong church.

The organizational structure of the RAFC has evolved over the past two years. Currently a Joint Powers Board composed of 15 members meets monthly. New bylaws and a new Joint Power Agreement govern the Board's operations. A five-member Core Team meets periodically to brainstorm and problem-solve on current issues. An Implementation Team meets monthly to share program information and to work on different initiatives. The members of this team are divided into subcommittees which work on specific issues (i.e., evaluation, transportation, family entertainment, etc.).

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past two years, the Roseville Area Family Services Collaborative has implemented strategies that are considered key to the general operation of an integrated system of services for children and their families:

- RAFC partners actively participate in sharing information, decision-making and in delivering services.
- Service providers share information at monthly implementation meetings.
- More referrals are successfully made as professionals have better information about other services/programs.
- RAFC partners are talking with Ramsey County Job Training staff to discuss creating a Workforce Affiliate Site at Fairview Community Center.

Additionally, the RAFC is working toward full implementation of the following integrated services:

- The RAFC staff and partners disseminate information among themselves and to community residents regarding classes, activities and other resources.
- The RAFC has increased advertising in brochures, newsletters and mailings.
- The Roseville Area Senior Program and RAFC staffs collaborate to manage the transportation van services to Fairview Community Center and satellites. The van is used to transport:
  1. seniors to medical appointments, nursing homes, the Fairview Community Center (for senior dining, classes and appointments with social worker), and shopping/ personal services.
  2. young children and their families to Learning Readiness and Family English Program classes.
  3. individuals to meet with a social worker.
- RAFC staff and partners created a family literacy program, Family English Program, for English as a Second Language (ESL) families.
- The Adult High School now offers ESL classes at a local Hmong church two evenings per week.
- Roseville Area Schools screen all Head Start children and share the screening results with Head Start.
- Pastor Thao, from a local Hmong church, and Blong Xiong, from the University of MN, presented a Bi-Cultural Parenting Curriculum this past spring.
- RAFC staff and partners worked with staff from First Call for Help to develop and administer a Community Needs Survey to determine where people call for information.
- RAFC staff and partners worked with the Volunteer Coordinator to create volunteer opportunities and recruit community members, including RAFC service recipients, as volunteers.
- Volunteer Link is a new collaboration between the volunteer coordinators of the Collaborative, Capitol Community Services and Good Neighbor Foundation. The new consolidated office is located at the Fairview Community Center. Its mission is to engage members of our communities in a volunteer partnership to assist individuals and families to achieve and sustain their highest level of independence, personal relationships and quality of life. As a result, the number of volunteers and volunteer opportunities has significantly increased.
- RAFC staff and partners created new and enhanced existing childcare services for RAFC participants. The Collaborative provides drop-in childcare for residents to attend meetings and special events. RAFC worked with the current Collaborative child care staff to enhance their curriculum to ensure that all children entering kindergarten will have the skills necessary to succeed.

OUTCOMES

Organizational and Systemic Change

Short term indicators: Increase in the number of trips provided by the RAFC Shuttle Bug Increase in the diversity of program participants using the Shuttle Bug Increase in the number of people using the transportation service for RAFC classes, activities and services.

The following table shows that overall, total ridership (in terms of number of trips and number of riders) has increased with the Shuttle Bug. However, since the Shuttle Bug was operating at capacity within the first month, ridership has remained relatively stable. Plans are underway to raise funds to acquire another van.

	# of One-Way Trips:		*# of Unduplicated Riders:*		
7/95-6/97	*Seniors*	*RAFC Families*	*Seniors*	*RAFC Families*	*Miles Driven*
*July 1995**	*410*	*N/A*	*66*	*N/A*	*1,122*
October 1995	*406*	*329*	*67*	*35*	*1,902*
April 1996	*307*	*306*	*54*	*41*	*1,628*
October 1996	*403*	*327*	*63*	*37*	*1,932*
April 1997	*346*	*287*	*59*	*45*	*1,696*

**Pre-Shuttle Bug: The Shuttle Bug began operating in September 1995.*

Source of Data: Van Transportation Reports 1995-1997

Short-term indicator: Recruit and increase the number of individuals and families volunteering for RAFC programs and activities

In comparing volunteer statistics in 1995-96 with 1996-97 the following was noted:

- *The number of adult volunteers doubled*
- *The number of student volunteers remained stable*
- *The number of volunteer hours doubled*
- *The number of senior volunteers jumped 400% (from 12 to 50)*
- *The number of volunteers among racial minorities/ethnic groups jumped 250% (from 3 to 12)*

Source of Data: Volunteer Hours Record 1995-1997

Data are not yet available for the following indicators:

–Increased satisfaction among families in programs and services.

–Decrease in "lack of transport" as a barrier to participation in the RAFC classes, activities and services

Child and Family Health

Data are not yet available for the following indicators:

–Increased participation in new and existing classes and programs by parents of newborns.

Family Functioning

Short-term indicator: Increased enrollment in the Family English Program and Adult High School of non-English speaking adults and children

The Family English Program's enrollment has increased. The number of enrolled adults increased from 13 in 1995-96 to 17 in 1996-97. The number of enrolled children increased from 20 in 1995-96 to 26 in 1996-97. Source of Data: Attendance Records 1995-1997.

Short-term indicator: Increased participation in RAFC supported classes

Class Participation

Class	*Percentage Increase*
Business, Career, Financial	*48%*
For Disabled	*67%*
Health, Fitness, Safety	*32%*
Language	*69%*

Source of Data: Attendance Records 1995-1997

Data are not yet available for the following indicators:

–Increased literacy

Child Development

Short-term indicator: Increase number of families using RAFC childcare services.

The Collaborative provided childcare for quarterly Special Education Advisory Council meetings and for parents attending Collaborative meetings. Childcare was provided for children of parents attending the Adult High School for Family English Program during the 1996-97 school year:

Total number of children: 88
Total number of families: 48

Source: Attendance Records 1995-1996. This is the first year that the Collaborative manager was involved in direct supervision of the child care program

Data are not yet available for the following indicators:

–Increased membership at the public library and ECFE Resource Center for ESL participants.

–Increased literacy of child participants

–Decrease in lack of childcare as a barrier to participation in RAFC classes activities and services.

School Performance

Short-term indicator: Increase participation in the student success seminars

This is a voluntary program. For students whose families participate and complete assigned work, the failing grade(s) are turned into a passing grade(s). Students are taught studying skills, given a specific assignment to complete and, with their parent(s), set one to two goals. Parent participation is mandatory.

Twenty students and parents were enrolled in the seminars in the first quarter, 65 in the second quarter and 40 in the third quarter.

Data are not yet available for the following indicators:

–Increased rate of passing grades for above students

Other

Short-term indicator: Increase participation in RAFC activities, classes, services and volunteer opportunities, especially among racial minority/ethnic groups.

1996-97 Program Participants by Ethnic Group

The number of adults and children of all ethnic backgrounds in Learning Readiness and Family English Program has significantly increased. See tables for program participants by ethnic group.

	European Americans	*African Americans*	*Hispanic Americans*	*Asian Americans*	*American Indian*	*Multi-Racial*	*Total*
Family English							
Program Adults	*2*	*1*	*4*	*10*	*0*	*0*	*17*
Family English							
Program Children	*2*	*1*	*8*	*15*	*0*	*0*	*26*
Learning Readiness							
Program Adults	*42*	*20*	*19*	*31*	*1*	*0*	*113*
Learning Readiness							
Program Children	*33*	*20*	*19*	*31*	*1*	*9*	*113*
Children in							
Child Care	*13*	*5*	*7*	*63*	*0*	*0*	*88*
Total	*92*	*47*	*57*	*150*	*2*	*9*	–

1995-96 Program Participants by Ethnic Group

	European Americans	African Americans	Hispanic Americans	Asian Americans	American Indian	Multi-Racial	Total
Family English Program Adults	2	0	3	8	0	0	13
Family English Program Children	1	0	6	13	0	0	20
Learning Readiness Program Adults	32	1	1	9	0	0	43
Learning Readiness Program Children	31	1	1	9	0	1	43
Children in Child Care	Unavailable						
Total	66	2	11	39	0	1	–

Source of Data: Special Events guest log and Attendance Records 1995-1997

LESSONS

- Change does not happen overnight. Effective system changes require developing good relationships with many people from a variety of organizations, time to meet and discuss what could be done differently, and a willingness to change.
- It is imperative that the decision-makers are active participants in the Collaborative or real system changes will not happen.
- There is not enough staff to implement all the good ideas. Partners and staff have full loads and do not always have to time to do more.
- Collaboration is a continuous learning process. Many times when we thought we were done, something would happen that required us to redo our actions (e.g., by-laws, joint power agreement).
- The professionals repeatedly say that they have learned and continue to learn a lot about many different organizations. This networking, sharing of information, helps reduce duplication of service, keeps members up to date with what is going on in the community and builds trust.
- This evaluation process does not meet our total evaluation needs. As we are gearing up to approach funders, we are finding that we do not have adequate data. We will be uniting with the St. Paul/Ramsey County Children's Initiative and the North Suburban Family Services Collaborative Project to hire one evaluator to help all three Collaboratives collect the needed data. We also are recommending that the state look at giving the Collaboratives additional funding to be used specifically for evaluation.

Two Year Outcome Report

Sibley County
Family Services Collaborative

SETTING

The Sibley County Children's Collaborative (SCCC) serves Sibley County and includes the school districts of Sibley East (Gaylord, Arlington-Green Isle), Gibbon-Fairfax-Winthrop, and students in Henderson Hilltop Elementary School which is part of the Le Sueur-Henderson School District. This south central Minnesota has struggled with a declining population over the past two decades. The county's seven small cities range in population from 239 in New Auburn to 1,935 in Gaylord, with the county's 1990 population totalling 14,366.

Several issues have guided the work of the collaborative over the past two years:

- A need for a more coordinated multi-agency and family focused service delivery system. Sibley County is very rural with several small communities. Residents are pulled in many directions for their health care, education employment, recreation and service needs. Many low income families are isolated on farms and small towns and encounter difficulties with getting to medical care, parent education programs, or obtaining basic services.
- Coordinated early intervention are sought to curb the rate and cost of out-of-home placements and high risk behaviors (alcohol use, sexual activity, abuse, etc.) identified in Sibley County youth.
- Technological advances that may simplify processes, advance communication/information sharing, and reduce duplication among the collaborative partners are considered positive responses to the seamless family focused services of the collaborative.
- There have been many new Hispanic/Latino/Chicano residents in the county. These individuals face a number of economic, language and cultural barriers.

The Sibley County Human Development Commission (SCHDC) formed in 1991 has served as a platform for bringing agency representatives and community members together. This group meets regularly to discuss common issues and has been the impetus for engaging in a number of previous collaborative strategies. The health and safety of children in Sibley County was identified as an issue for the group in 1992. Since that time the Sibley County Human Development Commission has initiated a number of focus groups, studies and community forums to gather information. The development of the Family Service Collaboratives for Sibley County was a logical next step in a continuing effort among agencies and community members to meet challenges within the county.

OVERVIEW OF THE INITIATIVE

The goals of the Sibley County Children's Collaborative are to:

- Improve the health status of children in Sibley County.
- Improve the developmental and educational achievements of children in Sibley County.
- Improve the quality of family involvement in school, service delivery and home life, and increase the opportunity for families to find community activities and services appropriate to their cultural milieu.
- Improve the quality of family, non-profit, church, and private business involvement in school, service delivery and home life, and increase the opportunity for families to provide input in the Family Service Collaborative and the healthy community asset building process.

The Collaborative is governed by a Joint Powers Board. Board made up of representatives of the County and Human Service Boards, each of the School District Boards, and parent representatives. The Joint Powers Board's role includes overall governance of the Collaborative, budgetary decisions, and providing for public accountability. The Joint Powers Board meets monthly.

A Children's Cabinet, consisting of a broader representation of collaborative partners, advises the Joint Powers Board and is responsible for implementing policies developed by the Joint Powers Board, managing expenditures, implementing Collaborative procedures, and managing staff and resources allocated to the Collaborative.

A separate Parent Advisory Group reports directly to the Joint Powers Board and meets quarterly to review Collaborative work plans.

The Sibley County Children's Collaborative is closely linked to the Three Counties for Kids Mental Health Collaborative. The Family Facilitators Project provides children and families in Sibley County with several family focused, user friendly services. Family Facilitators assist families with obtaining services, developing case coordination through a team of providers, and provide in-home services. Direction and training for the family facilitators in the county are provided through the Three Counties for Kids Mental Health Collaborative.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past two years, the Sibley County Children's Collaborative (SCCC) has implemented several strategies related to the general operation of its collaborative. These strategies include:

- The SCCC Children's Cabinet, Child Study Teams, Family Facilitators, and Data Management Specialist are creating a system for coordinating funding streams, assessments, eligibility, and services from multiple agencies, across system boundaries, in a family-friendly manner.
- The Children's Cabinet and the Project Coordinator strive to provide an inclusive service system that supports all families in Sibley County. Strong ties and communication

are developed between the Sibley County Children's Collaborative and the Three Counties for Kids Mental Health Collaborative.

- A large area network, telecommunications, and Internet communications are in place. An electronically transmittable universal intake form is in the development stage. Participation in state pilot projects has been profitable.
- Efforts to continue input and expand the role of the Parent Advisory Committee are in place.
- The Healthy Communities Task Force and the Collaborative strive to implement a service system that provides the opportunity for all families, non-profits, churches, and private businesses in Sibley County to actively participate in service delivery review and recommend ways of meeting needs.
- The Sibley County Human Services Department attempted to negotiate the expansion of coordinated, accessible transportation to families in need of transit services. Current transportation needs are met through coordination among multiple sources and agencies and include volunteer drivers.
- The Collaborative has coordinated services and activities of existing home visiting programs in the county.

The Sibley County Children's Collaborative has also implemented a number of strategies related to providing integrated services to children and families which include:

- Public Health Nurses visit new mothers in their homes and provide voluntary periodic family visits to families screened as high risk through the Universal Intake.
- A Sibley County Public Health Nurse provides nursing services to school-age children in the Henderson Hilltop Elementary School and coordinates school nursing with Collaborative programs.
- Parenting skill development programs offered through Early Childhood Family Education (ECFE) have been expanded to parents participating in the New Beginnings Program.
- Family Facilitators through the Three Counties for Kids Mental Health Collaborative assist families in managing their children's services by assisting them in accessing and utilizing the services needed by the child and family.
- The SCCC Children's Cabinet provides wraparound services for families, as specified in the multi-agency case plan and through consultation between the family and Family Facilitator. A discretionary integrated fund and procedures for its use have been implemented.
- The Clinical Supervisor and the Family Facilitators implement a multi-system method of assessing child and family needs in order to provide a coordinated and appropriate level of services to families in Sibley County.
- Multi-agency Child Study Teams located in each school develop multi-agency service plans for Sibley County families needing complex interventions.
- Family Facilitators, Child Study Teams, and Home Based Workers provide school- and home-based services to children with problems that interfere with education and developmental achievement.

OUTCOMES

The SCCC initiative focused on assessing it's performance in the following areas: Organizational and systemic change, child development and family health, and school performance.

Organizational and Systemic Change

Indicators: Increased assessment of family needs on a community-wide basis.

Increased cooperation between home visiting program staff.

Increased use of a universal intake form by families.

Increased participation of parents/grandparents/guardians on collaborative task force and governance groups.

Increased contributions by partner agencies to an integrated fund.

Increased family satisfaction with services and the service system.

Data not available at this time.

Child Development and Family Health

Short-term indicator: Increased proportion of new mothers/babies living in Sibley County who receive a Universal Contact visit (initial home visit/overall assessment) by a Public Health Nurse (PHN) within two weeks of the birth of the child.

Year 1 - 1997	
# of births (estimate)	*123*
# and % contacted by a PHN overall	*83 (67%)*
# and % contacted by a PHN within 2 weeks	*NA*

Efforts in the first year focused on educating physicians and hospital obstetrics nurses serving Sibley County residents about the Universal Contact and Home Visitation program and to solicit their cooperation in making referrals of births; work continued in the second year with hospital staff that did not make referrals. Collaborative efforts with the Sibley County Recorder's Office has reduced the time frame for Public Health to retrieve birth data from eight to six weeks through the current information retrieval system. In 1998, birth records became available electronically and as a result we expect to reduce the timeframe for the receipt of this information to under two weeks.

Short-term indicator: Increased proportion of eligible families participating in voluntary home visiting services.

Year 1- 1997	
# of families referred for voluntary home visiting services (estimate)	*14*
# and % of eligible families participating in level 1 activities (home visit + phone contact) or level 2 activities (intensive home visiting by a PHN + paraprofessional team)	*7 (50%)*

Implementation of these activities were delayed until 1997 when state-sponsored training was available and completed. Parents who are assessed to need of desire further visits (beyond the Universal Contact) are given an opportunity to receive additional information and services related to the future growth and development of their child. Parents either participate in a series of information phone calls by a public Health Nurse (level 1) or enroll in the Home Visitation Program (level 2).

The assessment and referral process began in January 1997. Reasons eligible families do not participate: family moved/unable to locate, families decline to participate, family referral was not appropriate.

Short-term indicator: Increased availability of nursing services to elementary school students.

Elementary School Site	*Approximate Hours/Week Nursing Services Available*		
	1994-95	*1995-96*	*1996-97*
Hilltop Elementary (LeSueur-Henderson)	*0*	*12 hrs.*	*NA*

Source of data: Public school records

A school nurse was placed at the Henderson Hilltop Elementary School by the collaborative. No school nurse was available prior to this placement. Nursing services have focused on health screening/referrals, offering health education programs for children, immunization clinics, student health/emergency care services, conducting early childhood screenings, and ongoing consultation regarding student health needs to staff and parents.

Long-term indicator: Decreased rate of preschool children between the ages of three and four who are identified as having new potential vision or hearing problems or developmental problems (speech/language, cognitive, fine/gross motor, or social/emotional/behavioral).

Data not yet available.

Family Functioning

Short-term indicator: Increased number of parents who participate in sessions to help them cope with stressful situations and their implications for the family unit.

- Parents Forever is a research-based program designed to help parents learn how to make informed, child-supportive decisions during a divorce. The program includes both voluntary and court-ordered participation. Each participant is charged $35.
- The INSIGHT program works with women to empower, build self esteem, and build a sense of well being. The groups typically continue to meet after the training sessions are completed.
- Family Facilitators are located in each of the Sibley East and Gibbon-Fairfax-Winthrop school districts. Facilitators typically meet with families assigned by the school's case review team. The focus is on working with families to build their strengths. Facilitators may provide a range of services.

Short-term indicator: Increased participation of families in child/family development activities.

	Year 1 1997
# of families eligible for specialized inhome ECFE services (estimate)	*NA*
# and % of eligible families participating in weekly home visits	*8*

Specialized inhome Early Childhood Family Education services are provided to families. Parenting and community resource information are provided by the educator.

Short-term indicator: Increased literacy of parents.

	Year 1 1997
# and % of eligible parents receiving their GED	*5 (NA%)*
# of graduates enrolling in postsecondary training	*2*

Source of data: Program records

The New Beginnings program offers English as a Second Language (ESL) courses and preparation for the General Education Diploma (GED) to students who have not found success in traditional school settings. Individualized plans of study are supplemented with two, six-week sessions of Early Childhood Family Education. Child care, transportation and noon lunch are available to reduce common barriers to participation.

Long-term indicators: Decreased assessed risk factors in families.
Decreased number and rate of cases of substantiated child maltreatment.
Decreased number and rate of child protection cases.
Decreased number and rate of out-of-home placements.

Data regarding assessed risk factors of families not yet available.

Long-term indicator: Increased labor force participation among parents.

Data not available.

School Performance

Short-term indicator: Increased participation of families with school-age children in programs associated with early identification of educational and developmental needs.

	1995-96
# of families with K-3rd grade children referred by teachers (estimate)	*NA*
# of families participating in multiple ECFE sessions	*24*
# of people participating in special 1 session activities (duplicated count)	*110*

Short-term indicator: Increase the proportion of youth involved in positive activities/ programs.

	1996
Number and % of eligible students participating	75

Source of data: Program records

Spurred by factors including labor shortages, lack of high wage/high skill positions and a constant out migration of youth from the county, the collaborative's Health Community Task Force serves on a Governing council representing schools, businesses and others in the community. This unique public-private partnership implemented the Youth Leadership Academy during the 1996-97 school year. The Academy brings together academic educators with employers in a "school within a school" environment. Sessions promote asset building among participants. Activities focus on technology, leadership, communications, and working with others in addition to specific job skill development. The project provides youth with the skills that will serve them well in an ever changing employment market.

Long-term indicator: Reduction in long term special education placements.

Data not yet available.

Long-term indicator: Increased educational achievement of students.

The collaborative has offered a number of initiatives to promote the academic success of students:

- *The Prairie Schooler project operates during summer months to build and review skills of at-risk learners. The project provides instructional services to rural children by means of modern technology in their own homes.*
- *A library grant increased the computer educational resources accessible to children via the five public libraries in the county. Emphasis was given to the purchases of Spanish software, literature, and educational resources. The Gaylord library campus also implemented a Spanish story hour. English and Spanish books have been purchased for distribution at Women, Infants and Children (WIC) clinics to increase literature in the home. Vouchers are also given at the WIC clinics for families to receive a second book. Home visitors also use reading materials in their visits with families.*

LESSONS

During the past two years, the Sibley County Children's Collaborative has learned the following:

- One must view the "big picture" in approaching the needs of Sibley County families.
- Uneasiness is associated with the unknown; one must weigh ability versus creativity.
- We have learned lessons about reaching a new level of trust among partners. Knowing opinions and thoughts means that decisions are made in the best interest of the Collaborative.
- Working collaboratively takes more time than working alone. It is about looking at out comes not process.
- Collaboration takes time. It is about building relationships and developing trust; people have to be willing to give up control in order to work together. It takes developing a shared appreciation of what someone must do to accomplish his or her job and realizing you are not the expert on someone else's job. They know their responsibility better than you do.
- Any new collaborative venture could benefit from early or advanced preparation in communication, trust/relationship building, taking risks and managing change, and opportunity seeking.

Challenges include:

- Overcoming the power, control and turf issues.
- Premature judgments between partners and work groups.
- Balancing communication needs — avoiding overload without offering too little information.
- Funding needs!
- Taking risks and being flexible in order to see what works best for the Collaborative.
- Developing patience for conflicting points of view. Neither side is necessarily wrong; both may be very valid and both may be community strengthening.
- There is a tendency for people to agree about everything during meetings. When that occurs, you may not end up where you wanted to go. The Collaborative provides us with a safe environment for bringing up issues. We can agree to disagree at times. It is good to have creative tension, conflict, and even some controversy. These factors can bring us to new creative places. It is important to have time for people to discuss things together at the same table.
- Legislation is needed if social services are really going to be able to dedicate dollars that are currently going to mandates. While we believe in the work being done, the mandates have not lessened in social services. We still have to use funds categorically; therefore there is no flexibility to fund Collaborative activities even if we wanted to. This is unrealistic to expect without mandate reform.

Two Year Outcome Report

FamiLink – South Hennepin
Family Services Collaborative

SETTING

Families with children in South Hennepin, like elsewhere, are changing, and in turn, changing their communities. Two years of planning and research identified the following key shifts among families and communities in this region:

- An increase in parents working outside the home impacts neighborhoods and communities, leaving fewer parents at home to support each other and care for each other's children.
- The share of low-income families with children is growing in South Hennepin. Families of color and single parent families experience poverty at a higher rate than do two parent and white families. Some of the primary barriers for families, especially low-income families, are a shortage of affordable housing, health care, child care and transportation.
- More families appear to have multiple problems that seem intractable, especially by the time families are dealing with severely emotionally and behaviorally disturbed teenagers.
- Growth in the number of teenage parents will increase the need for intervention services dealing with the issue of teenage pregnancy, including the public health system, the schools, economic assistance, child care providers and peer and family support networks.
- The South Hennepin Communities are becoming more racially and ethnically diverse. This demographic change poses new challenges and opportunities for educational and human services.

In addition, families and providers characterized barriers of the service system that limit or prevent families from attaining the help and support they need:

- difficulty accessing timely or appropriate services and supports;
- fragmentation and lack of follow up and coordination;
- lack of focus on early intervention;
- lack of flexibility;
- limited understanding and use of informal community supports.

In response to these needs, the South Hennepin Family Services Collaborative developed FamiLink, a major systems restructuring initiative to create an integrated, more effective

network of services and supports for families and children. FamiLink's vision is to create a service system that is:

- family-focused and empowering;
- comprehensive, providing a range of resources;
- community-based;
- focused on prevention and early intervention;
- culturally relevant;
- built on the strengths and resources of families.

OVERVIEW OF THE INITIATIVE

FamiLink is the service integration initiative developed by the South Hennepin Family Services Collaborative. FamiLink is composed of the four municipalities in South Hennepin county (Bloomington, Eden Prairie, Edina and Richfield), their school districts, Community Action for Suburban Hennepin (C.A.S.H.), Hennepin County, Bloomington Public Health, parents, health and social services, religious organizations, informal community supports, business and the South Hennepin Regional Planning Agency. The Collaborative emerged in 1994 from extensive research and planning around the growing and changing needs of families and children in the South Hennepin area.

FamiLink was created to provide integrated services to families and children, and designed to reach and assist all families before late intervention is required. FamiLink is a combination of four Resource Centers and network of health, education, and human services and community supports interconnected through regional coordination. These three components—Resource Centers, a network of providers, and regional coordination—are the core of FamiLink.

FamiLink involves a wide range of local community members, human service providers, and government agencies in its implementation and governance. While the Board of Directors has primary governance and fiscal responsibility, several groups advise it. The FamiLink Advisory Council directly advises the Board on a host of issues, ranging from a name change to recommendations for addressing service gaps and barriers. The Advisory Council is a diverse group that includes members from each of our four communities. Local advisory committees called Community Councils select these members. The Advisory Council and the Community Councils consist of community members, including parents, teens and seniors, human service providers, individuals that represent informal supports, the faith community, neighborhood organizations, civic groups, etc. Among other responsibilities, the various governing bodies ensure that Resource Centers operate effectively and that FamiLink members put providers' Memoranda of Understanding (see below) commitments into operation.

In the last two years, FamiLink has concentrated most of its energies on recruiting additional partner agencies and establishing Resource Centers in each of our four communities. Resource Centers are the "front door" to the network of providers. They are a resource for families and front line service providers. The Resource Centers have been open in each of the four South Hennepin communities for one and a half years and have received more than 5,000 contacts. Early evaluation reports show that many of the people using the Resource Centers are families with issues related to low incomes. Other requests for resources and ser-

vices relate to: parenting issues (including child care) and family relationships; community involvement; education, training, and employment; and health care.

Evaluation is an essential component of FamiLink. The Collaborative's evaluation plan sets up a learning environment where information about our strengths and weaknesses leads to service revisions and improvements in the model. Furthermore, the evaluation plan involves parents as well as the collaborative partners so that feedback is received from multiple data sources with a diversity of perspectives on FamiLink. It also uses multiple evaluation methodologies that provide a more comprehensive view with both quantitative and qualitative data. Information is collected through the use of the shared intake database, staff and family surveys, focus groups and case review.

STATUS OF KEY COLLABORATIVE STRATEGIES

FamiLink's key collaborative strategies can be organized into two areas: general operations and direct delivery of integrated services. The following lists summarize the status of activities for each of these.

General operations

- Parents participate in the governance of FamiLink, as well as other activities such as training development and evaluation.
- Training has been provided on a variety of topics to Resource Center staff; FamiLink partner agencies and other human service providers in the community; Community Councils and the Advisory Council; parents, teens and seniors. This year training topics will include strengths-based assessments and interviewing; cultural diversity; finding and using informal supports; shared intake database; and welfare reform.
- Marketing and outreach plans have been implemented by each Resource Center in an informal manner. In addition, a formal marketing and outreach plan has been developed and is in the early stages of implementation.
- An up-to-date database on informal community resources is currently in development.
- A shared intake database has been developed and will be tested this summer. Full implementation is expected to occur this fall (1998).
- Family information will be shared electronically, when the family wants, as the shared intake database is implemented, at the Resource Centers and partner agencies.
- Cross-organization evaluation has begun and will continue to expand with the implementation of Support Teams (service coordination).
- Evaluation efforts have begun to identify service gaps and barriers. The collaborative will establish a process for addressing these issues this year.
- A Quality Feedback Team will be established this summer to adapt and improve the FamiLink model as we learn from implementation and evaluation.

Delivery of integrated services

- The Resource Centers are established in all four communities and 27 providers have signed a Memorandum of Understanding to become members of the network, helping families more easily access services through a "no wrong door" approach. The collaborative is working to ensure that representatives from each major service sector have signed a Memorandum of Understanding (MOU) and are accessible to members of each community.

- Arrange translation and interpretation services with Hennepin County to assist families to more easily access culturally appropriate services and supports.

- Resource Centers:

  - conduct broad-based, strengths-oriented assessments and record the corresponding data;

  - help families access services and supports in a timely way;

  - provide comprehensive information;

  - provide timely follow-up to families;

  - provide access to 24-hour crisis information. During hours of operation, Resource Centers connect people with appropriate crisis services. A recorded message gives the phone number of Crisis Connection to anyone calling when the Centers are closed.

- All Resource Centers currently use a common intake process. As the shared intake database is implemented in the coming year, additional training will address common intake and data sharing.

- Support Teams provide coordination of services and supports to families who want them. Ten Support Teams have been piloted. An additional 20-30 Support Teams will be initiated and evaluated this year. The collaborative's goal is that for 75% of families who are identified as benefiting from service coordination, a team will be convened to develop a service plan tailored to each family. Plans include formal and informal supports; our goal is that teams will be made up of an average of 50% of people who are informal supports to the family. The family will choose the leader of this team.

- An initial goal of the collaborative was that all Resource Centers will be open during normal working hours with extended hours on evenings and weekends as needed by the community. Currently, all Resource Centers are open evening hours. After having Saturday hours for over a year, FamiLink decided to suspend weekend hours because of lack of utilization by families. After the marketing and outreach plan has been fully implemented, we will reassess this decision.

- A further goal of the collaborative is that a core group of informal support persons and organizations for each community will be recruited for initial FamiLink, given orientation and training needed to participate actively on support teams, and included in the collaborative's resource database. Currently, a survey of the faith community is being administered. Data from this survey will be organized in a resource database that will be used by the entire FamiLink network. Information on other informal supports will be organized in this database as Resource Center staff discovers them.

- In order to improve information-based decision-making about human services, improve resource allocation, and identify service and support gaps and help fill them, the Collaborative has planned a number of steps. First, we plan to track resources requested and used by families as well as gaps in services through the Collaborative's shared intake database set up using common intake process. Next, a case review process will be developed and implemented using available information from common intake process, surveys, continued focus groups, and feedback from FamiLink and Resource Center staff. Finally, a representative work group that is trained in the skills needed to redesign the service network will work on priority issues identified by focus groups.

OUTCOMES

FamiLink focused its outcome evaluation efforts on indicators in organizational and systemic changes, school performance, youth maturation and social integration, family functioning, and economic self-sufficiency and stabilization, child and family health, and child development.

Organizational and Systemic Change

Indicator: Increased percentage of FamiLink members and Resource Centers use a common intake process.

100% of Resource Centers use the common intake process.

Indicator: Increased percentage of all possible providers (approximately 100 organizations) sign MOUs and commit to providing service coordination.

To date, 27 providers have signed the MOU. (Goal is 50% of organizations.)

Indicator: Increased percentage of families express satisfaction with services.

In May 1998, a satisfaction survey was administered 138 people who had used a FamiLink Resource Center during the latter part of 1997 or the beginning of 1998. Survey participants were randomly selected from intake forms. The number of intake forms selected from each site was determined by the percentage that each site represented among the total intakes conducted during the time period of June 1997 to March 1998. This survey will provide baseline information on family satisfaction. Results indicate that:

- ***Families are generally satisfied with the services they receive from the resource centers.*** *87% or respondents said they were very or mostly satisfied.*
- ***Resource centers made it easier for people to find resources.*** *On a scale of 1 to 10 (10 being the best), 78% of respondents rated this as 8, 9, or 10.*
- ***A large majority of respondents said they would recommend the resource center to a friend or family member.*** *91% responded positively.*
- ***Most people were connected to the resources they wanted.*** *Overall, 76% of respondents said they were connected, with 14% saying they were not.*
- ***Most people who received follow-up service said it was helpful.*** *Of the 70% of survey participants who recalled receiving follow-up, 83% rated it as helpful.*

Data are not yet available for the following indicators:

- –Increased provider satisfaction in getting families connected to appropriate services in a timely way.
- –Reduction in barriers related to hours of services, language, cultural appropriateness and response time.
- –Decrease in the number of calls a family or provider makes before connecting to the appropriate resources.
- –Increased percentage of families using multiple resources who are served by primary support coordinators.
- –Increased percentage of families who are satisfied with early and coordinated response to their issues.
- –Increased percentage of relevant staff of FamiLink members who are trained in early intervention techniques.
- –Increased percentage of staff from FamiLink providers will be trained in incorporating informal community supports when working with families.
- –Decrease in staff time among FamiLink providers in providing intake, information, and referrals.
- –Increased percentage of families for whom a team-developed coordinated service plan is created.
- –Increased proportion of family support teams made up of people who are informal supports to the family receiving coordination of services.
- –Increased percentage of parent membership in Community Councils, Advisory Committee, working committees, and quality improvement teams (up to 50%).
- –Increased percentage of parents participating regularly in processes to improve quality , identify service gaps, and redesign service processes.

School Performance

Data are not yet available for the following indicators:

- –Increased percentage of collaborative students who stay in one school consistently throughout the year.
- –Increased rate of steady grade progression among collaborative students.
- –Improved overall attendance among collaborative students.

Youth Maturation and Social Integration

Data are not yet available for the following indicators:

–Increase in percentage of collaborative youth involved in work, sports, extracurricular activities, or volunteerism.

–Decreased proportion of collaborative youth using or abusing drugs, alcohol or tobacco.

–Reduction in teenage pregnancy rate among collaborative youth.

Family Functioning

Data are not yet available for the following indicators:

–Reduction in the number of South Hennepin children who need out of home placement services.

–Increased percentage of families receiving services and supports from FSN who report they have meaningful support from friends, families, neighbors and other community supports.

–Increase in percentage of collaborative parents who report satisfaction with their parenting skills.

Economic Self-Sufficiency and Stabilization.

Data are not yet available for the following indicators:

–Reduction in the rate of reliance on public assistance among collaborative families who have participated in service coordination two years or more.

–Increase in percentage of collaborative families receiving coordination who follow self-sufficiency plan involving work, education, or training.

–Increase in percentage of collaborative families who remain in their homes for at least 2 years.

Child Development

Data are not yet available for the following indicators:

–Increased percentage of collaborative children who participate in early childhood developmental programs.

Child and Family Health

Data are not yet available for the following indicators:

–Increased percentage of collaborative families with preschool children will participate in early screening programs (goal of 100%).

–All children will have a "medical home", that is, a doctor's office or clinic where they are known because they consistently receive their primary treatment at that site.

–Increased in percentage of collaborative children eligible for medical coverage who are covered through an appropriate provider, such as Medicaid, Minnesota Care or private insurance.

LESSONS

Successful strategies recommended for others

- Investing time in planning and achieving agreement on implementation of the key strategies.
- A shared staffing model that brings together staff from a variety of disciplines and back grounds who hold a unique set of "resources-knowledge" that they share with one another.
- Training events that involve human service professionals from a variety of disciplines and offer concrete, useful information for front-line staff.
- Broad-based, strengths assessments with families.
- Providing follow-up with families who contact the Resource Centers, assuring that they are connected to the right resources and supports. Anecdotally, families have responded very positively to having someone follow-up with them.
- The Support Teams (wraparound teams) have been an effective model, coupled with training and support for professional staff and other team members.
- Using informal supports to help support families, especially their involvement with Support Teams.
- Implementing an evaluation plan that offers all members of FamiLink with the opportunity to provide feedback on its implementation. Providing periodic information in the form of numbers as well as "real-life stories" helps communicate our progress and remind members of the vision.
- The use of technology and computer networking to facilitate communication among staff, discovery of local resources, and use of Internet resources.

Challenges

- Service integration without funding integration – Traditional funding can be counter productive to integrated service delivery (e.g., agencies do not receive funding for "service coordination" or planning activities with collaborative partners).
- Figuring out how an integrated fund should function.
- Shared staffing model for the Resource Centers – The model relies on professional staff and volunteers that are *contributed* from partner organizations. Some professionals are asked to work at a Resource Center four to eight hours a week without a concurrent reduction in workload at their "home agency." A 4-hour block of time also poses problems related to continuity and consistency for families being served by the Resource Center. In addition, it is often difficult for staff to find additional time for training and development activities, which are an ongoing component of FamiLink's implementation.
- Sustaining a common vision and understanding of the operational details in a large collaborative.
- Achieving and sustaining integrated leadership and decision-making processes that ensure a common understanding of decisions and overall direction of the collaborative.

- Keeping communication strong.
- Attempting to implement many components of FamiLink simultaneously.
- Time pressures – sustaining patience for the results of collaboration.
- Pressures to respond to new demands (e.g., welfare reform) before having a solid base model implemented.
- Local versus regional control.
- Issues among human service providers:
  - ▷ time pressures;
  - ▷ differing philosophies of service delivery;
  - ▷ struggle with outcomes evaluation;
  - ▷ feelings of pressure that they are not doing a good enough job;
  - ▷ turf is often subtle, but real.
- Extending hours of service – During this last year, hours of the Resource Centers were extended to include Saturday mornings. When there was little use of the Resource Centers during this time, we decided to eliminate Saturday hours until further marketing and outreach could be conducted.
- Getting and sustaining parent involvement in the decision-making and design process.
- Diversifying staff and service delivery for multiple ethnic groups.
- Devoting staff time to training and staff development.
- A perpetual underlying concern by some that maybe collaboratives won't work.

Changes to make in the future

- Examine and adapt our staffing model for the Resource Centers.
- Review and strengthen communication and decision making processes.
- Better pace the implementation of our model so that it corresponds with the readiness of FamiLink members.
- Increase targeted efforts at getting and keeping parents involved.

Words of wisdom gained through trial and error

- Never assume understanding exists among partners.
- Never underestimate the investment people have in current practices.
- Communicate, communicate, communicate!
- Delegate ownership and action at all levels.
- The real incentive to changing the service delivery system is money, which we have struggled to build into our model in an effective way.
- Do not assume that alternative funding can be accomplished at the local level alone.
- Remember: funding and political shifts occur outside of the realm and control of collaboratives, fragmenting collaborative efforts.

Messages to the State of Minnesota Legislature

- Funding mechanisms must be changed to support integrated service delivery.
- The State of Minnesota should continue some level of state funding as government plays a key and ongoing role in service redesign.
- Funders, policy makers, and other key stakeholders must differentiate between program and system-wide efforts and the types of outcomes they result in.

Two Year Outcome Report

St. Croix Valley
Collaborative

SETTING

The St. Croix Valley Collaborative, covering the boundaries of Independent School District (ISD) 834 grew out of a smaller collaborative that had begun in 1992-93. This smaller collaborative had brought together key individuals, organizations and agencies to better support children, youth and families. The multi-layered services a family may encounter when seeking help often brought on confusion and frustration for families that were already experiencing stress. The collaborative had begun discussions of "wrap-around" services, "one stop shop" and building family capacity. This group worked with a great deal of energy, innovation and passion to improve the lives of all children, youth and families in the St. Croix Valley area, but lacked a clear vision. Its goals and activities were sometimes ambiguous. In May of 1995, the collaborative held a retreat to establish a vision statement and choose a more focused mission. A new governance structure gave equal power to Community Social Services, Public Health, Head Start (required family service collaborative members) as well as the local school district and area non-profit agencies.

The St. Croix Valley Collaborative works to ensure that parents of ISD 834 and their children have uniform access to a continuum of learning options and programs to reduce "school dropouts." According to the Collaborative's 1994-95 planning grant, youth success is directly related to family/school/community connectedness, information and opportunities.

In a seamless system, all parents and their children have access to multi-agency-sponsored learning opportunities and resources. As learning needs for parents and children are identified, community agencies must make those learning opportunities available. This supports the basic belief that parents are the child's first and most important teachers.

In moving toward a seamless system, St. Croix Valley Collaborative members identified key stages in a family's development where programs and services should be focused: early childhood, elementary, junior and senior high. All programs/activities should provide children, youth and families easier access to resources. The St. Croix Valley Collaborative has focused its efforts within ISD 834, but in recent years has expanded its membership and activities throughout Washington County.

OVERVIEW OF THE INITIATIVE

The St. Croix Valley Collaborative is made up of mandated family service collaborative representatives from Community Social Services, Department of Health, Environment and Land Management (HELM), HeadStart, ISD 834, and area non-profit agencies. Together this group established the current vision, mission, governance structure and workplan for the Collaborative.

Vision: The St. Croix Valley Collaborative works in partnership to serve as a catalyst to nurture and/or create initiatives that enhance the well-being of families and communities within ISD 834 area.

Mission: To support collaborative community efforts that promote the success and well being of students.

Motto: "Keep Kids Successful in School!"

The St. Croix Valley Collaborative works through a shared decision making model. The work of the collaborative is based on principles of collaboration, cooperation, and trust. In keeping with those principles the following ground rules are followed at all meetings:

- Everyone has an equal voice.
- Freely ask questions.
- Respect confidentiality.
- Actively participate.
- Expression of feelings and opinions is encouraged.

Collaborative members participate in several ways. All activities are carried out through identified teams.

Membership and Duties

Administrative Team

Members of the Administrative Team include the Superintendent of ISD 834, and the department heads from Community Social Services, HELM and HeadStart. The main responsibility of the Administrative Team is governance. Specific duties include the establishing formal relationships between the partner agencies, approving proposed program expansion or major program changes, and approving the final budget.

Service Delivery Teams

Service Delivery Teams put the goals, objectives, and strategies stated in the Collaborative's grant into operation. To be recognized as a Service Delivery Team, the team must work on established Collaborative goals. Service Delivery Teams must develop team workplans that include specific strategies with timelines and measurable outcomes related to the vision and mission of the St. Croix Valley Collaborative. Participation on the Service Delivery Teams is open to all families, businesses, community organizations, government agencies, human service agencies, faith communities, schools, etc. who are interested in actively supporting the Collaborative's mission. The Collaborative allows new Service Delivery Teams to develop as needs arise. To date the following teams have been identified and are working toward the Collaborative's mission.

Technical Assistance Team Responsible for the overall coordination of services and provision of service. This team works on evaluating the Collaborative's performance, ensuring the accountability of the completion of collaborative efforts, developing procedures for soliciting contracts for service delivery, and developing and reviewing the Collaborative's required reports to the State.

Positive Parenting and Resiliency in Children Team/Family Resource System: Develops strategies to give parents quick, easy access to information regarding family issues, opportunities and child development.

Parent Training and Support: Works to provide successful connections between school, community, students and their families.

Transitions Team: Aids and supports children, youth and families through the natural developmental and formal transitions experienced by all children. Specifically, the transition into kindergarten, the transition from elementary to junior high school and the transition from junior high school to senior high school.

Stillwater Teen Parent Inter-Agency Team: Develops, implements and strengthens programs that support teen parents and potential or current school "drop-outs" to help them stay in or return to school.

Cross-functional Management Team: Comprised of mandated family service collaborative members and two non-profit representatives. Each member receives a small amount of funds to reimburse departments and agencies for the time and materials needed to carry out the business of the team. This team receives direction from the Technical Assistance Team and is responsible for carrying out assigned duties. This team takes the place of a traditional collaborative coordinator. Cross-functional management allows for an equal share of power, equal access to information and equal accountability.

Fiscal Host

The fiscal host is the accountant for the Collaborative's funds. The fiscal host requests and receives funds from the state agency and disseminates those funds according to the decisions made by the funding group. The fiscal host reports to the Technical Assistance Team about expenditures on a regular basis. The fiscal host is the St. Croix Area United Way.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the past two years the St. Croix Valley Collaborative has implemented the following strategies. These strategies are key to the general operation of an integrated system of services for children, youth and families as the Collaborative works towards keeping children/youth successful in school.

- A governance structure has been established that provides equal involvement and access of all area organizations, agencies and community members.
- Area organizations and social service providers routinely meet to develop strategies for disseminating service information and providing education to children, youth and families.
- A comprehensive resource directory for parents and service providers is distributed and updated yearly.
- The Collaborative initiated a countywide forum for existing collaboratives, community partnerships and coalitions, to come together, increase communication across groups, and support and/or strengthen each group's identified efforts or mission.

Additionally, the St. Croix Valley Collaborative has established areas of concern for direct service delivery and has begun its efforts to provide services in a more integrated fashion.

- The Collaborative has established an inter-agency parent training and support program.
- Collaborative service providers offer monthly parent and child care providers seminars which are advertised through all of Washington County's school districts and Child Care Resource and Referral office.
- Multiple programs bring together the expertise and skill of numerous organizations and agencies in providing services during key transitional stages for children, youth and families. The "Super Cimarron Summer" project was started in the summer of 1997. Area organizations such as Early Childhood Family Education, the Youth Service Bureau, Campfire Boys and Girls clubs and social service providers concentrate on continuing services for children, youth and families who may be at risk for school failure.
- Collaborative members forged a relationship with "Big Brothers Big Sisters" to establish a satellite program in Washington County. During 1997-98 a full-time case manager was hired to train and support mentor volunteers and build mentor/youth matches.
- The Collaborative brought together local artists, youth, parents and interested community members to develop a "rites of passage" project for junior high school students entering senior high school. Participating youth and artists made a video documentary and a mural that describes what it means to grow up in the Stillwater area. At the completion of this project the community will be invited to an exhibition and celebration of the young people's work.
- The Collaborative supports the work of the newly formed Alternative Learning Program and has supported programming specific to the needs of youth who are on the verge of dropping out of school or who have dropped out.
- Collaborative members now have Internet access to improve communication between service providers.
- University of Minnesota Extension Service - Washington County held eight youth focus groups to identify what youth need to be successful in school. The information from these focus groups was used to develop, "Live and Learn", a guide to assist parents and educators in supporting the educational lives of children and youth.
- The Collaborative's time study funds will focus on five areas: child development, family functioning, systematic change, school performance, and child and family health. It will expand its geographic service area to include: Mahtomedi, North St. Paul, Maplewood, Oakdale, and Forest Lake.

OUTCOMES

The St. Croix Valley Collaborative has focused its outcome evaluation on the successful completion of secondary school for all children. Specifically, indicators assess access to information and services, parent education and support, children/youth education and support and an enhanced system of service delivery in the community.

Increased access to information and opportunities to support children and families.

Short-term indicator: Increased opportunities for families to access information on family support services and providers.

During the past two years (1996-1998) we held two resource fairs. Including approximately 80 area organizations and agencies. Over 150 individuals attended.

A county-wide resource directory was developed, printed and 10,000 copies were distributed. The directory information has also been placed on the county's Internet web page. The directory is updated yearly.

A more detailed resource directory was assembled and distributed to 200 organizations and agencies who work directly with families. This has allowed families to access information regardless of the organization or agency they first approach.

Short-term indicator: Increased opportunities and rate of participation in family education.

Four of the five school districts in Washington County began "Parent Connection" projects. A staff person from each district identified and developed resources for parents of elementary through senior high school students. Volunteer group leaders were trained during the 1997-98 school year with a number of the districts offering groups for parents.

Another program started in 1997 and 1998 to help families learn new ways for dealing with conflict was based on a curriculum developed by the University of Minnesota Extension Service - Goodhue County, titled "Solving Problems Peacefully." Teachers, parents, and human services professionals report high incidence of aggressive student behavior. To address this issue, the Collaborative offered eight one-and-a-half hour family conflict resolution workshops at elementary schools in ISD 834. Families attended the workshop together and participated in learning experiences that focused on listening, expressing feelings, working cooperatively and conflict resolution skills. Collaborators in this program included, Early Childhood Family Education, Family Violence Network and University of Minnesota Extension Service.

Number of participants (parents & children) = 132

Evaluations completed by parents = 73

	None	Below Average	Average	Above Average	High
Knowledge of subject before program	0	3	27	40	6
As a result of program, my knowledge about subject now is	1	1	17	46	9
My skill in helping children with subject before program was	2	10	47	16	0
As a result of program, my skill in helping children with subject	2	0	19	48	1

Source of Data: Pre & Post surveys

Approximately, 20 staff members from various organizations and agencies were trained in providing the same information to parents with junior high students.

Short-term indicator: Increased knowledge of child supportive behavior and positive attitude changes expressed by parents.

Beginning in the spring of 1996, parents, school personnel and community agencies came together to address the needs of children with challenging behaviors. Parents had the opportunity to review information learn skills and gain support in their effort to raise their challenging children in the most positive and beneficial way. Based on parent input this parent training program was designed as 10 multi-week strategic parent courses. In 1996-97, 108 parents participated, representing 81 families with 191 children. The dropout rate was 7%.

Participating parents completed a questionnaire. Their responses were compared to a group of 20 parents who had difficult to manage children but who had not participated in the course. Parent, who completed the parent-training course, reported significant improvement in their relationship with their child(ren), and an increase in the frequency of use and effectiveness of parenting strategies.

Short-term indicator: Increased parent and child attendance in transition related activities: preschool to kindergarten, elementary to junior high and junior high to senior high school.

*A **developmental screening program** was designed and implemented with the intention to expand services for the pre-kindergarten screening visit that has been traditionally offered through the school district and by area physicians. The hope was also to increase compliance for completion of the screening before entrance into kindergarten. In the 1996-97 school year, a total of 650 screenings were completed. Early Childhood Family Education staff reported that this was the first time that they had 100% of the children screened by the beginning of the school year (except for last minute transfers). This program allowed for a more thorough screening with home visits provided needed.*

Short-term indicator: Increase opportunities for secondary students to obtain help with barriers to a high school diploma or its equivalency.

*The **Student Assistance Program** at the Alternative Learning Program provide services to help students address the specific reasons for dropping out of school. Students received information on health and nutrition, mental health services and chemical health services. A survey of students reported:*

- *21% of the students felt the physical health services helped them to make good choices and to understand more about their sexuality, nutrition and health care.*
- *66% of the students who worked on mental health issues felt it helped them to understand, control or make good choices about self-esteem, feelings, emotions and over-all control of their lives.*
- *33% of the students seeking assistance for drug and alcohol abuse felt they understand and make good choices about use of chemicals.*
- *90% of the 40 students responding to the survey stated they would not get help at any of the service providing agencies on their own.*
- *70% of the students felt making these services available on site at the ALP was important and valuable to them.*

Since 1992, Stillwater has offered a Teen Parent program. Initially Stillwater Senior High staff delivered this program. Then in 1996, the Collaborative expanded the program. This program offers parenting teens support and education. Data with respect to drop out rates are as follows:

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Year	*# of students*	*# of Drop outs*	*Drop out rate*
1992-93	*15*	*0*	*0%*
1993-94	*14*	*0*	*0%*
1994-95	*13*	*0*	*0%*
*1995-96**	*12*	*11*	*92%*
1996-97	*10*	*0*	*0%*
*1997-98***	*22*	*1*	*4.5%*

** No support and education program was offered.*

*** The support and education program was expanded to the Alternative Learning Program, which serves students who have returned to school after dropping out.*

In an effort to reduce school truancy the Collaborative supported the Truancy Intervention Project. Through this project, over the past two years, 147 students received services. At the same time Washington County Attorney's office has seen a significant decrease in the number of youth petitioned to court because of truancy. During 1996-97 court petitions were down by 17% countywide. Analysis of the data for 1997-98 is not yet available.

LESSONS

During the past two years, the St. Croix Valley Collaborative has learned the following:

- Using a cross-functional management team that shares the power and responsibilities is one of the key successes within the Collaborative. This form of management has diminished the likelihood of one agency or person having all of the power and information. All members own the ideas, strategies, and outcomes; this increases account ability for all.
- The Collaborative is aware of its need to conduct and maintain a more qualitative and quantitative evaluation plan. An ad hoc committee has been formed to begin this process.
- Some members of the Collaborative would like to see more involvement of the Technical Assistance Team in the actual work of the various Service Delivery Teams. This involvement would improve the understanding of integrated-services, or in some cases the lack of integrated-services. The Technical Assistance Team would also be better prepared to give direction for an effective evaluation plan.
- As the Collaborative moves forward with its work, a more formalized system of communication needs to be developed among Department Heads (Administrative Team). This would be particularly important when seeking clarification on policy decisions. A system is needed to clearly identify the decisions to be made by the Collaborative and those to be made by the school board or county board. This is of prime importance when hiring services or when examining fiscal responsibility.
- In order to integrate services better, organizations and agencies need to examine the availability of flextime, flexibility of spending and the need for project providers to represent their agencies rather than themselves.

- The state could support the Collaborative through consistency.
- Legislatively, the Collaborative prefers recommendations to mandates. Mandates are generally a "one size fits all" approach, which is not realistic for the diverse populations, needs and services available across the state.

Two Year Outcome Report

Todd County
Family Services Collaborative

SETTING

Todd County is located in central Minnesota and has a total population of 23,819. The problems most common in Todd County include teenage pregnancy, poor immunization tendencies, low family income, high unemployment, and inadequate outreach by service providers. In the past, these problems have been dealt with at the point of crisis. The goal of our Collaborative is to implement a system of prevention programs that will deal with these problems. This includes an aggressive outreach and early identification program, immunization tracking and follow-up, and integrated services for adolescents. Services for adolescents include education about teenage pregnancy prevention, prenatal education, and parenting. Each of our Collaborative partners believes that by working together we can do a better job of addressing these issues with less duplication of services and fewer instances of families slipping through the cracks

OVERVIEW OF THE INITIATIVE

The primary mission of the Todd County Family Services Collaborative is to provide information and support for families. We taken the following measures to carry out this mission:

Governance. The Todd County Family Services Collaborative began its work in October, 1995 when the Collaborative received the first of its Implementation Grants. During the first 18 months, the Collaborative had a rather informal governance structure that was created using an interagency agreement. Since then, the Collaborative has developed a formal governance structure using a joint powers agreement with corresponding bylaws.

- A Joint Powers Board is made up of elected officials from the Todd County Board of Commissioners and elected officials from the school districts participating in the Collaborative. These school representatives are appointed by the Freshwater Education District Governing Board. The Joint Powers Board meets at least quarterly to make board-level decisions relative to the operations of the Collaborative.

- A Management Council is made up of representatives from parent/client organizations and agencies serving families and children. This group handles the day-to-day operations of the Todd County Family Services Collaborative. The Management Council meets at least monthly and provides direction for the Collaborative Coordinator.

- A Collaborative Coordinator is responsible for the implementation of initiatives as directed by the Joint Powers Board and the Management Council. The coordinator is the contact for the Local Collaborative Time Study, supervises Collaborative employees, and is the liaison with other groups whose activities are supported by the Collaborative.

- Special Task Forces are formed to implement specific tasks as directed by the Management Council. These groups meet on an as-needed basis for the duration of their projects. Initiatives such as the Parent Partnership Project, Children's Immunization Registry, and Tri-APP Pregnancy Prevention Project fall into these categories.

Family Centers. As part of our mission to provide families with information and support, we participated in the development of Family Centers in the Staples Elementary School and the Long Prairie Elementary School; a third Family Center is under development in the Bertha Hewitt School District. This was truly a collaborative effort that included of the local school district, Tri County Community Action Program, and Todd County Public Health. With local bonding dollars, grant dollars from the Department of Economic Security and contributions from Head Start and Public Health the Family Centers were constructed. These centers provide integrated early childhood programs (Head Start, Early Childhood Special Education, Early Childhood and Family Education, and Learning Readiness) along with WIC Clinics, maternal and child health, screening, and immunization clinics. It is one stop shopping for parents with young children.

Immunization Registry. Working through "Healthy Connections," an organization made up of health care providers, the Todd County Collaborative has set up a county-wide Children's Immunization Registry. Records are stored on a central data base that can be accessed by any school or health care provider in Todd County. This registry helps providers keep immunizations up-to-date and allows parents to bring their children to a variety of care providers and still maintain an accurate record. It also allows parents to contact a wide variety of agencies to get access to their child's records. Both public and private organizations collaborate to make the registry successful.

Parent support. The Parent Mentor Program offers parents with children under 12 years old non-threatening in-home assistance from a social worker. This is an early intervention and prevention effort of the Collaborative. We believe that if we can provide early in-home services to families, we can prevent the use of more costly services down the road. The parent mentor works with each family for a period of 6-8 weeks on issues identified during the first meeting. Referrals are made by a variety of agencies and organizations including churches, schools and self referrals.

Access. The Collaborative also provides an 800 number to Todd County Social Services and Todd County Public Health so that families can contact them more easily; these are long distance calls for families in a large portion of the county. Additionally, the Collaborative supports the Tri County Adolescent Pregnancy Prevention Program, MN ENABL, Parent Partnership Project and the Local Coordinating Council.

STATUS OF KEY COLLABORATIVE STRATEGIES

In the past two years, the Todd County Family Services Collaborative has focused on a number of activities and strategies.

- Governance. All collaborative partners have committed resources to an integrated fund controlled by the collaborative. The collaborative was created using a Joint Powers Agreement and has adopted a formal governance structure, bylaws and operating procedures.

- Through Family Centers throughout Todd County, the Family Services Collaborative helps provide children and their families with integrated early childhood services. These services are provided by Todd County Public Health (WIC, Maternal/Child Health, Immunizations, Screening), Early Childhood Special Education, Early Childhood and Family Education, Learning Readiness, and Head Start. Co-location of these services is complete in two of three proposed Todd County sites.
- The Todd County Family Services Collaborative provides parent education and support. Services are provided in-home by a Parent Mentor (licensed social worker or parent educator) to families with children 12 and under, and through the Parent Partnership Project (information and support for parents of children with disabilities).
- The Todd County Family Services Collaborative provides parents with easy and afford able access to Social Service and Public Health Services through a toll free number for their use.
- The Todd County Family Service Collaborative supports efforts to decrease the frequency of preventable diseases in Todd County. We have implemented an on-line immunization registry that includes all health care providers and school districts in Todd County. Over the past two years, we have entered over 8,000 immunization records.
- The Todd County Family Service Collaborative supports teenage pregnancy prevention efforts throughout the county. The Collaborative does this by providing support to the Tri County Adolescent Pregnancy Prevention Program, MN ENABL, and by providing "Baby Think It Over" Infant Simulators to school districts for use in their Values and Choices classes.

OUTCOMES

The Todd County Family Services Collaborative has focused its outcome evaluation efforts on assessing indicators in the following areas: child and family health, family functioning and child development.

Child and Family Health

Indicator: Increased rate of completed immunizations.

Age in months	*1992-93 % up-to-date*	*1996-97 % up-to-date*	*% difference between 92-93 and 96-97*
4 months:	*83%*	*87%*	*+4%*
6 months:	*63%*	*71%*	*+8%*
8 months:	*48%*	*55%*	*+7%*
17 months:	*49%*	*55%*	*+6%*
20 months:	*40%*	*41%*	*+1%*

Improvement in vaccination levels were achieved in Todd County over the last three years. The largest gain of 8% was seen at the 6 month old stage. We are concerned that some children are still not receiving their immunizations on schedule, especially during the second year of life. Efforts focused on tracking and follow-up of children will help improve vaccination at later stages. We hope to accomplish this through the full implementation of our Immunizations Registry.

Indicator: Increased participation in prenatal care at Maternal Child Health Clinics.

Year	*Total prenatal clients served*	*Number change from previous year*	*% change from previous year*
1996	*89*		
1997	*118*	*+ 29*	*+ 33%*
1998 (as of 6/1)	*139*	*+ 21*	

Indicator: Increased participation in WIC Clinic.

Year	*Participants*	*Number change*	*% change*
1996	*770*		
1997	*804*	*+ 34*	*+ 4%*
1998 (as of 6/1)	*747*		

Indicator: Increased usage of child & teen checkup services.

Location	*1995*	*1996*	*1997*
Bertha	*0**	*13*	*33*
Eagle Bend	*35*	*21*	*36*
Long Prairie	*100*	*79*	*86*
Staples	*53*	*64***	*74*
Home visit	*0*	*10*	*2*
Total	*188*	*187*	*231*

** Bertha clinic was added in 1996.*

*** Began providing CTC services in Staples Family Center.*

Long Term Indicator: Reduced frequency of preventable diseases in Todd County.

Data not yet available.

Family Functioning

Indicator: Increased participation in Parent Mentor in-home parent training program.

Baseline data are being collected. The Parent Mentor program began in September, 1997. Between September 1997 and June 1998, the Parent Mentor worked with 34 families with a total of 78 children.

Indicator: Increased parent satisfaction with the Parent Mentor program and training sessions.

The data received from 32 families participating in the Parent Mentor program has been very positive. Most parents indicate that the program has had a positive influence on their parenting style and techniques. The only negative feedback is that parents would like to see the program run for a longer period with more sessions. Sources: Goal Attainment Scale, participant feedback form, post-meeting evaluation form.

Long term indicator: Decrease in number of families in out-of-home placements.

Data not yet available.

Child Development

Indicator: Increased participation of children in early childhood and family center related activities.

Year	*# participating in classes and/or home visits*	*# participating in other special events*	*Total*
1994-95	*386*	*735*	*1,121*
1995-96	*466*	*667*	*1,133*
1996-97	*647*	*392*	*1,039*
1997-98	*data not yet available*		

Indicator: Increased participation of parents in early childhood and other parenting programs.

Year	*# participating in classes and/or home visits*	*# participating in other special events*	*Total*
1994-95	*655*	*695*	*1,350*
1995-96	*697*	*665*	*1,362*
1996-97	*678*	*604*	*1,282*
1997-98	*data not yet available*		

The number of parents and children participating in Early Childhood Family Education and Parent Education is increasing slightly relative to the population of children to be served in Todd County. In 1998, more sections of classes were added but the final figures have not been tabulated at this time. We attribute much of the success of these programs to increased outreach efforts and the "Family Center" concept initiated in two of our local school districts.

Long term indicator: Decreased incidence of behavior problems and out-of-home placements.

Data not yet available.

LESSONS

During the past two years, the Todd County Family Services Collaborative has learned the following:

- Collaboration takes time and persistence; it's a new way of doing things.
- Collaboration makes sense; let's continue to explore the possibilities.
- Collaboration is often frustrating and slow moving but works out for the best when all the players remember that ultimately we are working for the same thing.
- It is amazing how many resources are available in the community. All you have to do is invite agencies and organizations to the table in order better to access them.

- Once you get past the turf protection, a lot of things can get done.
- Collaboration allows for and nurtures new methods of service delivery.
- Parents and kids have a lot of good ideas — all you have to do is listen to them.

Two Year Outcome Report

Watonwan County
Family Services Collaborative
Visions for Families and Community

SETTING

Watonwan County is a primarily rural, agrarian-based community located in the south central portion of the state, near the Iowa border. It is composed of eight small cities, with St. James being the largest city as well as the county seat. In addition to agriculture, food processing plants and several other industrial companies employ many of the 11,600 county residents (1996 estimate). The average personal family income in Watonwan County is $17,874, slightly lower than the average of the state *(Minnesota Kids: A Closer Look, 1998 Databook)*. Because of the availability of employment at the food processing plants, many Hispanic migrants have settled in the area. While 16% of all children in Watonwan County live in poverty, 64.6% of the Hispanic children live in poverty *(Minnesota Kids: A Closer Look, 1998)*.

Watonwan County includes three independent school districts: Butterfield, Madelia, and St. James. Two of the school districts, Madelia and St. James, are partners in the Visions for Families and Community (VFC) Collaborative. The largest school district, St. James, (Independent School District #840) serves 1,386 students. Of these students, 38% are receiving free or reduced school lunches (St. James School District records). The second largest school district is Madelia (Independent School District #837), with 668 students, 47% of whom receive free or reduced school lunches (Madelia School District records). According to census figures, 27% of Watonwan County residents, age 25 or older, have not received a high school diploma. In addition, many do not speak, read, or write English and are not literate in their primary language.

The *1998 Kids Count Databook* indicates two major areas of concern regarding the health of children in the county: high incidence of teen pregnancy and insufficient immunizations before age two. The teen pregnancy rate per capita is 44.6% in Watonwan County as compared to 22% in the state of Minnesota *(1998 Kids Count Databook)*. The 1995 Minnesota Student Survey reports that many of the students in Watonwan County are sexually active by twelfth grade (55% of males and 71% of females). The average age for initiating intercourse for sexually active twelfth grade females in the county was 15.6 years and for sexually active twelfth grade males was 16 years. The Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting notes that the average age of initiating intercourse for sexually active ninth grade females in the county was 13.6 years and for sexually active ninth grade males was 13.4 years.

In Watonwan County, 43.6% of children are not immunized by the age of two (*1998 Kids Count Databook*)—another major health dilemma for the county. The costs associated with out of home placements in Watonwan County are also real and increasing. For the quarter ending December 31, 1997, costs were $746,868 as compared to $688,643 the previous year (Watonwan County Human Services records).

While Watonwan County appears to be a small rural county with big city problems, the strength of the county rests on the spirit of involvement by the people who live and work there. In the summer of 1995, a steering group of sixteen people worked diligently to write the implementation grant for the Watonwan County Family Services Collaborative which was followed by a community forum at which key issues were identified. This effort was initiated to address those identified issues: parenting limitations, illiteracy, teen pregnancy, diversity, health care, and systemic changes in how services are delivered to residents in the county. Representatives from the steering committee attended a conference, "From Vision to Action: Young Children and Their Families," and named the local initiative, Visions for Families and Community. A parent on the parent advisory council drafted a logo for the initiative that was adopted by collaborative members and used on T-shirts, sweatshirts, and tote bags.

OVERVIEW OF THE INITIATIVE

"Community working together to strengthen families"

In coordination with the grant manager, the members of the collaborative designed the governing structure for Visions for Families and Community. The partners of the collaborative—Watonwan County Human Services (Public Health and Human Services), Madelia School District, and St. James School District—developed a Joint Powers Board model of governance. A Joint Powers Board Agreement was written and approved by collaborative partners and their respective Boards. The Joint Powers Board was comprised of two county commissioners, four school board members (two from each school district), and a parent. Watonwan County Human Services remains the fiscal agent for the VFC Collaborative.

A Children's Cabinet was designed to advise the Joint Powers Board. Cabinet members typically hold administrative roles in a variety of agencies and organizations in the community. Collaborative business flows through this group before issues reach the level of the Board. The Cabinet is responsible for implementing the policies of the Joint Powers Board, managing the expenditures of the integrated fund, implementing collaborative procedures, and managing the staff and resources allocated to the collaborative. A Parent Advisory Committee was developed to advise and evaluate the VFC Collaborative on an ongoing basis. Parents are invited and encouraged to be represented on all planning levels of the collaborative.

The VFC Collaborative contracted with an independent contractor to coordinate collaborative business on an ongoing basis. The coordinator is responsible for collaborating with community members in an effort to fulfill the strategies identified in the work plans of the grant. The coordinator is also responsible for completing collaborative paperwork, progress reports, and the two-year outcome report for the VFC Collaborative. The VFC Coordinator attends all committee meetings of the collaborative plus serves on a variety of community committees such as the Community Education Boards, Local Advisory Council, Interagency Early Intervention Committee, Drug and Alcohol Prevention Committee, 3 Counties for Kids Advisory Board, and the Spirit of St. James, Unity/Unidad Committee. The coordinator also attends state focus group meetings on a monthly basis.

The VFC Collaborative is comprised of five working committees: Progressive Parenting Committee, Family Literacy Committee, Teen Pregnancy Prevention Committee, Case Planning Committee, and Governance and Integrated Fund Committee. Three of these committees are programmatic in nature, Progressive Parenting, Family Literacy, and Teen Pregnancy Prevention; while Case Planning and Governance and Integrated Fund involve systemic changes.

All of the VFC Collaborative committees are responsible for reinforcing and promoting Search Institute's forty developmental assets for children and youth. This commitment to bolster internal and external assets in children and youth is at the core of the efforts which collaborative partners and participants have undertaken to strengthen families in Watonwan County. The African proverb, "It takes and entire village to raise a child," is the heartbeat of Visions for Families and Community in Watonwan County.

STATUS OF KEY COLLABORATIVE STRATEGIES

During the first two years of existence, committee members of Visions for Families and Community Collaborative have implemented the following key collaborative strategies. These strategies may be categorized under two headings: general system operational activities and activities related to providing integrated services. First, the key strategies that the VFC Collaborative has implemented relating to the general operation of the system are as follows:

- Parents, along with a variety of service providers, work together as partners in all collaborative planning, decision-making, program implementation, and evaluation.
- We have implemented a shared governance structure, with the Joint Powers Board as the final decision-maker. Input from all collaborative committee members is valued and encouraged before final decisions are made.
- Partners of the VFC Collaborative contribute financially and/or in-kind donations to the integrated fund. This non-categorical funding source is used to strengthen and empower families through supplemental wraparound services.
- The Governance and Integrated Fund Committee has monitored the Local Collaborative Time Study (LCTS) Project. LCTS reimbursement is regarded as a non-categorical funding source for early intervention/prevention projects.

Secondly, the VRC Collaborative has implemented a range of strategies related to providing integrated services:

Strengthening Families Through Increasing Parenting Skills

- A listing of parenting resources is provided in the county and distributed to parents at school and community events.
- Existing parenting programs such as Parents Forever are enhanced and promoted by the VFC Collaborative in both Madelia and St. James through staff time, funding, and outreach.
- The VFC Collaborative recently implemented a universal home visiting program, Welcome Baby, for all newborns and their families in Watonwan County funded by the Collaborative and an Early Childhood Infant Development grant. This program also promotes family involvement with a tracking system, Infant Follow Along Program, for children from four to thirty-six months of age.
- The Progressive Parenting Committee offered a parenting class in both English and Spanish.

Teen Pregnancy Prevention

- The sexual abstinence program, Education Now And Babies Later (ENABL), was established in both the Madelia and St. James School Districts. The ENABL Program also assists parents with encouraging sexual abstinence for their youth and involves the community through a highly structured media campaign.

- The VFC Collaborative is in the process of developing a continuum of services promoting sexual abstinence for children and youth in Watonwan County. Some parts of this continuum have been developed during the past two years, and additional areas require development. The Dads Make a Difference Program, Baby Think It Over Dolls, community education classes for parents, and appropriate sex education curricula and programs are key components of the sexual abstinence continuum.

- The Collaborative has begun to explore the development of accessible family planning in Watonwan County with cooperation and assistance from health-related agencies. This delicate, controversial topic is in the very preliminary stages at present, and col laborative members are uncertain of the destination of this concept.

Family Literacy

- Family literacy efforts include a program for preschoolers and their families as well as a school-age program serving those in kindergarten through age seven and their families with English as a Second language and an Early Childhood Family Education model. This program is funded through VFC Collaborative grant dollars, an Even Start grant, and partners of the Collaborative. To assist teen mothers and fathers with acquiring a General Education Diploma or high school diploma, the Family Literacy Program maintains appropriate child care for teens enrolled in either of the programs.

- A toy lending library program for families has been developed to serve those eligible for the Family Literacy Program and Head Start. This program will be expanded to a mobile toy lending library during the upcoming year, with a children's librarian from the public library assisting with story hour.

- A Collaborative Library Grant was written cooperatively with a variety of agencies to develop resource packets for families and service providers, targeting issues related to parenting, teen pregnancy, developmental disabilities, and health. Packets are available in both English and Spanish and are housed in the Watonwan Public Library for easy community accessibility.

- VFC Collaborative members have assisted organizations with their preparation for citizenship training and testing for non-English speaking individuals in Watonwan County.

Case Planning

- The Case Planning Committee adapted a consent for release of information form and is currently working on a common intake form and plans to pilot the forms with preschool programs such as Family Literacy and Welcome Baby.

- The Committee surveyed parents of children with multiple needs to discover strengths and challenges when schools and organizations deliver services to children and families.

- The Committee is currently exploring ways to enhance information and referral services for families through Minnesota First Call Net.

Asset Promotion

- All VFC Committees are responsible for promoting Search Institute's 40 developmental assets for children and youth in the communities of Madelia and St. James. The VFC Collaborative assisted with the administration of the survey for both Madelia and St. James students. The collaborative also sponsored the visit of an educator from Search Institute to interpret the survey results at town meetings in both Madelia and St. James.

OUTCOMES

The members of the Watonwan County Family Services Collaborative chose to focus outcome evaluation efforts on assessing indicators in three key areas: Organizational and Systemic Change, Youth Maturation and Social Integration, and Family Functioning.

Organizational and Systemic Change

Short term indicator: Increased access to resources from multiple sources

The VFC Collaborative partners have developed a non-categorical Integrated Fund with contributions from collaborative partners, grant dollars, and Local Collaborative Time Study reimbursements. The Integrated Fund increased by 20.3% between the first and second years.

1996-1997 Integrated Fund	*1997-1998 Integrated Fund*
$47,249.00	*$56,840.00*

Source: VFC Collaborative Records

Short-term indicator: Increased coordination of services among organizations offering similar/complementary or interagency services

Committee membership gives an indication of the involvement of organizations committed to coordination. Each agency often has many employees serving as committee members. For example, while the Progressive Parenting Committee had the involvement of 13 agencies during the second year of the collaborative, 33 members of those agencies assisted the committee at some point during the year.

Collaborative Participants	*Number of Agencies represented in 1996-1997*	*Number of Agencies represented in 1997-1998*
Parenting Programming	*12*	*13*
Teen Pregnancy Prevention	*10*	*11*
Family Literacy	*14*	*8*
Case Planning	*11*	*4*
Governance	*10*	*10*

Source: Collaborative Records

Short-term indicator: Increased utilization of wraparound services

In Watonwan County, wraparound services are defined as a process initiated by a case manager to help children, youth, or families meet their identified needs as outlined in an individualized plan. To date, families have responded with 100% satisfaction on written evaluation forms with the provisions they have received.

Services	*Number of Families Served 1st year (1996-1997)*	*Number of Families Served 2nd Year (1997-1998)*
Schools	*4*	*2*
Human Services	*8*	*15*
Head Start	*0*	*1*
IEIC	*0*	*0*
Welcome Baby Program	*N/A*	*0*
Total	*12*	*18*

Source: VFC Collaborative Partner Records

Short term indicator: Increased coordination of interagency services

Collaborative partners and participants have invested significant time working together to coordinate, not duplicate or replace, services for children and their families. For example, before implementing the Welcome Baby Program, careful attention was given to systematically assessing where the gaps in services existed and filling those gaps without duplicating public health and home health care efforts for families of newborns. The health care agencies also serve on the Welcome Baby Advisory Council that meets monthly.

In the coming year, collaborative members will systematically examine the organizational status of the collaborative from the point of view of members.

Short-term indicator: Increased percentage of parents indicating satisfaction with service accessibility in Watonwan County

During the second year of the collaborative, multiple-need families were surveyed. Of those who responded, 70% indicated they were satisfied with accessibility of services in the county. (Collaborative Consumer Survey)

Youth Maturation and Community Integration

Long term indicator: Decreased rate of teen pregnancy (younger than 18 years)

The Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP) provided a combined 1993-1995 listing of birth rates for fifteen- through seventeen-year-old females (number of live births per 1,000 females) in Watonwan County. Watonwan County was third in the state with a rate of 44.55 preceded by St. Paul at 62.35 and Minneapolis at 72.08. The combined 1994-1996 listing of birth rates for fifteen- through seventeen-year-old females revealed that Watonwan County was the highest number of live births per capita in the state (36.4) followed by Ramsey County (35.3), Cass County (33.9), and Mahnomen (31.3).

Year	*Number of mothers under 18*	*Birth rate of mothers under 18*
1992	*10*	*5.2 per 1000*
1994	*10*	*6.2 per 1000*
1996	*Not available*	*Not available*

Source: 1994 and 1996 Children's Service Report Card

Long term indicator: Increased percentage of youth avoiding sexual intercourse

Baseline data comes from the 1995 Minnesota Student Survey, completed every three years.

Grade Level	*% of Teens Reporting Avoidance of Sexual Intercourse, 1995*	*% of Teens Reporting Avoidance of Sexual Intercourse, 1998*
9th Graders	*75*	*information not available*
12th Graders	*37*	*information not available*

Source: Minnesota Student Survey

Long term indicator: Decreased number and proportion of children placed in out-of-home service settings

Year	*Number of Children in Out-of-Home Placements*	*Rate per 1,000*
1992	*44*	*12.40*
1993	*65*	*18.32*
1994	*Not available*	*Not available*
1995	*Not available*	*Not available*

Source: Children's Services Report Card

Long term indicator: Increased number of protective factors among youth

Both St. James and Madelia students, sixth through the twelfth grades, ranked close to the national average of total assets in a baseline assessment during the 1997-98 school year.

School District	*Year 1, 1996-1997, Number of Developmental Assets*	*Year 2, 1997-1998, Number of Developmental Assets*
Madelia	*N/A*	*17.4*
St. James	*N/A*	*17.3*

Source: Developmental Assets: A Profile of Your Youth

Family Functioning

Short-term indicator: Increased percentage of new parents supported by their families and communities

Service	*1996*	*1997*	*1998 (through June)*
Public Health Visits	*36*	*38*	*15*
Hospital Visits	*35*	*34*	*36*
Welcome Baby Program Visits	*N/A*	*N/A*	*5*

Sources: Watonwan County Public Health Records, Madelia Community Health Records, St. James Health Care, Inc. Records, and Welcome Baby Records

Welcome Baby Home Visitors promote a developmental tracking system, Infant Follow Along Program, for the babies 4 months through 36 months of age. Through the Welcome Baby Program, the number of children participating in the tracking system should increase as well as the identification of children with developmental delays. Listed below are the number of active participants in the Infant Follow Along Program in Watonwan County:

1995-1996	*1996-1997*	*1997-1998*
29 participants	*71 participants*	*106 participants*

Short term indicator: Decreased percentage of children who are not immunized by the age of two

Watonwan County has significantly low immunization rates for children under two years of age. Through intensified and cooperative efforts, service providers are addressing this health risk for children from birth through two years of age. A tracking system will be implemented during the upcoming year through the efforts of public health and the collaborative to monitor the immunization rates.

Percentage of children not immunized by 2 years 1993	*Percentage of children not immunized by 2 years 1996*
54.7%	*43.6%*

Source: Minnesota Kids: A Closer Look, 1998 Databook

Short-term indicator: Increased percentage of families with parenting knowledge and skills to anticipate and meet the developmental needs of their children

The collaborative offered a class through community education for parents on how to talk with children about sex. Of the parents who attended the class and responded to the evaluation, 100% agreed the class was worthwhile and indicated they would attend further sessions.

In the first year of the Family Literacy Program, a questionnaire was given to parents involved in the program regarding discipline strategies. Questionnaire results indicated that 53% of the questions were answered with accuracy concerning discipline alternatives. The Family Literacy Program, with the help of Even Start, is in the process of developing a national evaluation to assess parenting skills. Data will be available in the future regarding this outcome.

The Progressive Parenting Committee offered a one-night parenting class based on the video, "1-2-3 Magic." Parents unanimously agree that the class was worthwhile (90% very satisfied and 10% satisfied.)

LESSONS

During the past two years, members of the VFC Collaborative have identified both positive and negative lessons concerning the process of collaboration. Collaboration is a very effective process to use when seeking to improve service delivery and implement new programs; however, the collaborative process, if effectively utilized, takes longer to complete than conventional methods of planning. This delay can be very frustrating to the goal-oriented team members who want to accomplish tasks quickly and move on to other areas of concern. On the positive side, it appears that by using the collaborative process, programs are more successful and stable because of the investment and commitment people have in the program and the relationships they have developed with one another.

Collaboration is truly an ongoing process! Partners and participants may change or vacate their organizational roles at any time, leaving a huge chasm to be filled in the collaborative process. For example, in 1997, five of the seven administrators in the two public school districts involved with the VFC Collaborative left or changed positions. Given time constraints and all of the details that must be mastered in a new position, it has been challenging to educate and update these employees about the collaborative process and programs.

In reality, the first two years of the existence of the VFC Collaborative were dedicated to planning rather than implementing programs and to building trust levels between and among collaborative partners and participants. Unfortunately for Watonwan County, the initial planning grant period appeared to be a wasteful venture due to the non-collaborative position of a key individual. The loss of this planning period certainly delayed the collaborative process of trust-building, program development, and implementation. Only now do collaborative partners believe they are seeing the fruits of their labors.

Integrating services to families through collaborative efforts is a difficult, challenging process. There are many barriers to overcome, and at times it feels as if these barriers can only be addressed through state efforts and support. Organizational policies, procedures, paperwork, and information sharing have been stumbling blocks for the VFC Collaborative members to muddle through while striving to develop a seamless service delivery system for families in the county. State Focus Group meetings have been established to assist collaboratives with these barriers, but progress has been agonizingly slow.

Two Year Outcome Report

Wright County
Family Services Collaborative

SETTING

Wright County chose to pursue family services collaborative work based on the following beginnings. At the direction of the State, a collaborative planning process stipulated the development of one collaborative project from three individual programs: Community Family Advocate Program in the Rockford School District, Montrose on the Move, and Wright County Human Services. A core group representing the three programs formed and was responsible for directing the activities of the planning process. A needs assessment revealed key factors that provided the impetus to work together for better outcomes for children and families:

- Services are often centralized; accessing services at centralized sites prohibits building a support network in the local community;
- Fragmented services, multiple agencies, intake processes, eligibility conditions, case workers, and limited service hours all lead to consumer frustration;
- Community identity is weak; residents often lack strong ties to their community because of the increasing regionalization of jobs, shopping, and recreation;
- Services are often crisis-oriented; agencies often fail to identify families until they are in a crisis situation;
- Views of the needs of families and children differ; professionals and families often see problems and solutions differently;
- Professionals are overworked; growing county population and increased need for services will continue to strain resources;
- School services and supports are not available during the summer; services from counselors and social workers, school breakfast and lunch programs, and structured activities for children end on the last day of school.

OVERVIEW OF THE INITIATIVE

The Wright County Family Services Collaborative is a unique combination of service delivery to the children and families of nine Wright County school district communities and the Elk River School District's Otsego Elementary area. The collaborative goal is firmly embedded in its grassroots approach: *Wright County communities will respond to the strengths and needs of children and families in their communities and actively participate in building upon those strengths and meeting those needs.*

The Wright County Family Services Collaborative is governed through an Interagency Agreement that establishes a formal arrangement among partners. Decisions regarding local needs of children and families are made at three basic levels: 1) Community Collaborative Councils (CCCs) of the local school districts which are the grassroots teams with broad community representation; 2) the newly established Collaborative Youth Initiative Leadership Work Team; and 3) the Governance Board representing each local council (CCC) and agency partners.

The CCCs comprise individuals representing the broad community and meet monthly. The Wright County Family Service Collaborative (WCFSC) serves ten communities. Each has a local CCC or other children and family initiative with the WCFSC as its affiliate Each local council designates a representative and an alternate to represent the local initiative on the Governance Board. Each Council also has one to three representatives who are members of the Youth Initiative Leadership Work Team.

The Collaborative Youth Initiative Leadership Work Team is a newly developed team created to research areas of each community's interest with respect to the Collaborative's goal, outcomes, and indicators. Topics considered by the Youth Initiative Leadership Work Team include system planning, service delivery, and community support. The Team comprises representatives from each of the ten community councils, partner agencies, and other public and private agencies, organizations, or businesses willing to work with the collaboratives to strengthen children and families. The Youth Initiative Leadership Work Team will enable these communities to share expertise and resources to collectively implement countywide or multi-community programs designed to meet individual community needs. It has been recommended that this team become the evaluation arm of the collaborative and be responsible for gathering local data for the "community report cards" and for review of evaluation process and outcomes as the collaborative evolves.

The Governance Board has a designated representative from each of the 10 School District Community Collaborative Councils as well as a representative from Wright County Human Services, Wright County Public Health, Wright County Corrections, Wright County Community Action, and Central Minnesota Mental Health. A County Commissioner is a member and has representation by virtue of his or her affiliation on an agency board or a local CCC. Each representative has a designated alternate who acts in the absence of a member and has all the rights and privileges of a member, including the right to vote on all matters before the Board. The Board convenes monthly to make decisions about the overall programs, policies, and operations of the collaborative.

Several subcommittees are directly responsible to the Governance Board. They are the Executive Committee, Marketing Committee, Technology Committee, Spending Plan/Finance Committee, Evaluation Committee, (recently recommended to become the responsibility of the Youth Initiative Leadership Work Team), and the Intake (form) Development Team.

STATUS OF KEY COLLABORATIVE STRATEGIES

One initial strategy identified in the first year implementation grant was co-locating a mix of family and children's services, including public health, social services, court services, and mental health. Staff are located in "family friendly" sites in each community; in most cases this means the services are located in an easily accessible spot in the school. Hours vary to

meet the local needs of families, and the services have been extended beyond the traditional school year for a year-round approach. One school district community had previously co-located all early childhood services including Head Start under a "one-stop" Family Center with a meeting room for families and service providers. Another community awaits the completion of a similar center that will also accommodate visitation services to families.

To strengthen the grass roots planning and decision-making initiatives underway in each of the school district communities, $3,000 of discretionary dollars from the DCFL Collaborative Implementation Grant was set aside for each of the ten local councils.The following programs are some of those funded through this grant process:

- In collaboration with the their schools and communities, Buffalo created and Annandale expanded a community-wide initiative to build assets or values in youth so that they will become responsible, successful, and caring adults. Unique programs have developed from these beginnings, such as at-risk students being paired with members of local civic organizations and businesses for a week-long community-wide annual spring clean-up.

- The Friend to Friend mentoring project in the Dassel-Cokato area provides opportunities to build character and develop positive assets in both youth and adults. The project matchescaring adults with referred youth ages 6-14. In addition, the project attempts to match senior citizens with young children left home alone after school. The mentoring project is being duplicated by many of the Community Collaborative Councils across the county.

- The Howard Lake, Waverly, Winsted CCC created a Youth Center to provide a safe, fun environment in which youth may interact with each other and with adults as mentors. Activities encourage the social, educational, and emotional growth of these students through positive, constructive activities.

- A major move toward "doing business differently" was outlined in the spending plan developed for the expenditures of Local Collaborative Time Study (LCTS) funds. The Wright County Collaborative Governance Board has the authority over LCTS funds; partners decide together through each Community Collaborative Council what programs and services are funded with the LCTS. Through a grant process, local Collaborative Councils working with public and private agencies develop activities that best meet their local needs. The Youth Initiative Team intends to collaborate within its membership to expand these strategies in various forms in each school district community in Wright County.

Activities being implemented through LCTS grants include:

-The YMCA partners with schools to provide an Intergenerational Summer Gardening Program and an after school program.

-"Family Night Out," an expansion of a program providing support to low-income families and individual family members, and access to other services. Other Community Collaborative Councils in Wright County are duplicating this program in various forms to accommodate the local needs.

-Asset-building activities based on the Search Institute's 40 developmental assets.

-Expansion of the Crisis Nursery Program to all residents of Wright County.

–A Crossroads Time Out Program designed to intervene with 12 students per quarter when they experience difficulty: failing classes, skipping school, exhibiting behavior problems, facing family problems, or being involved with the court systems.

–Restorative Justice in the Schools, a prevention approach to suspension and expulsion.

–A comprehensive volunteer program with unique outreach components aimed at addressing the needs of students and families.

–Expansion of a well-developed mentoring program in one Wright County community to several other communities through a series of mentoring workshops open to all Wright County Community Councils and other collaboratives in the surrounding area.

–Expansion of a school liaison officer program currently in place in two communities' high schools.

–CARE, an accessible network of educational opportunities and immediate therapeutic intervention through crisis mediation and family counseling.

–A four-part comprehensive program creating an efficient, systematic, user-friendly delivery of programs and services to children and families; it includes a Community Resource Bureau, a mentoring components, intergenerational activities and a public awareness campaign to ensure all residents understand their role in creating a healthy environment for children and families.

–An outreach program at a local coffee house targeted to youth and families through community service, family activity nights, and working with youth on probation.

LESSONS

Many lessons have been learned, and many more challenges face the daunting implementation of "doing business differently" in order to improve outcomes for children and families in Wright County. School District Collaborative Council members across the country have made the following anecdotal statements which reflect the ever-changing role of collaboration.

- I believe the grassroots effort of forming School District Community Councils (or partnering with community initiatives) assisted greatly in the implementation of collaborative activities. Decision-making at the local level is imperative in meeting the local needs.
- Mutual agreement by local councils and agency/organization partners willing to work together on behalf of children and families was very important in the development of a Governance Board. It is really an accomplishment when all ten School District Community Council representatives can meet with partner agency representatives to make pertinent decisions on behalf of our children and families.
- I truly believe it was a learning process; to see church and state working together really means a lot for us all.
- I can't believe it takes so long to organize a community to rally around doing things differently for our kids. It's like building landing gear on an airplane while you're flying it.

- In our community the relationship between clergy, congregation and community at-large has bonded on behalf of kids. That's success.
- It's a social movement, and it will take time, a long time. I hope our legislators will understand this.
- This new Youth Leadership Work Team, with all of the communities sitting down and planning together, is great. This is how I envision collaboration. I hope we can do this on a regular basis.

Community Council members see the following remaining challenges:

- Learning the vocabulary is challenging. Everyone, except community members, seems to talk only in jargon.
- I wish we could do wraparound training for all of us in Wright County like they did in Stearns (county), and not just for the service providers but for all the informal support systems in our community.
- You keep talking about an integrated fund, but I can't see schools putting money into an integrated fund.
- Just when things are going well, the turf issues surface, and it seems to become a power struggle.
- Will they ever listen to our local needs? Isn't that what's supposed to happen?
- County barriers still exist, but at least we're talking to each other about it.
- Can't the state take a more proactive role in decisions?

OUTCOMES

The Wright County Family Services Collaborative focuses on outcomes/indicators in five key areas: Family Functioning; Child and Youth Development; Child and Family Health; School Performance; and Organization, Community and Systemic Change.

Individual "Community Report Cards" are being developed for each of the ten school district communities. These are a 'work in progress' and will help each school district community to measure progress, develop activities and programs, secure funding, and sustain the collaborative. Two community report cards are attached. Each is accompanied by a list of definitions that better describes each indicator.

The report card contains data presently available from communities and data on county and state indicators measuring the well-being of children and families. The data can be used to compare local conditions to those of the county or state as a whole. A few other indicators have been identified and will be added as the report cards are refined.

Wright County Family Services Collaborative
Community: Howard Lake, Waverly, Winsted
1998

Family Functioning

Outcome: ***Improve family functioning and family stability***

		1991 FY 1990-91	1992 FY 1991-92	1993 FY 1992-93	1994 FY 1993-94	1995 FY 1994-95	1996 FY 1995-96	1997 FY 1996-97
Wright County	# and rate per 1000 of students in out-of-home placement	244 (NA)	267 (11.9)	293 (11.19)	--	--	350 (NA)	--
Howard Lake Waverly, Winsted	# of EBD children residing in out-of-home placement 1 or more days							
	grades 1-6	--	--	--	--	1	--	1
	grades 7-12	--	--	--	--	8	--	5

Source of data: Kids Count, School district office

Youth Development

Outcome: ***Decrease percentage of youth who report at-risk or negative behaviors***

Wright County	1991	1992	1993	1994	1995
# of youth arrested for violent crimes (% of all arrests)	2 (3.0%)	24 (27.9%)	22 (31.0%)	--	15 (28.3%)

Source of data: Minnesota Planning, Criminal Justice Center

Outcome: ***Improve self-reported protective factors and assets in youth***

	1992			1995		
Wright County	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they spend one or more hours per week doing volunteer/community service	--	27.69%	20.25%	--	25.90%	30.20%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

Howard Lake/Waverly/Winsted	1995 FY 1994-95	1996	1997 FY 1996-97
# of youth involved in intergenerational activities and/or community service activities			
Elementary	195	--	404
Middle School/Jr. High	65	--	40
High School	75	--	75

Source of data: Public school district office

Performance indicators for which data are not available at this time:

- Average number of assets youth report are present in their lives
- Percentage of youth by grade level (grades 6-12) who report they spend 1 or more hours per week in volunteer work

School Performance

Outcome: ***Improve the number and percentage of eligible students who graduate from high school***

	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
# and % of students dropping out of school							
Howard Lake/Waverly/Winsted	NA (10.84%)	--	NA (5.08%)	--	NA (5.48%)	--	--
Wright County	118 (1.8%)	--	132 (1.82%)	--	279 (3.5%)	--	--
Statewide	11,491 (3.5%)	--	12,387 (3.4%)	--	15,701 (4.1%)	--	--

Source of data: School district

Outcome: ***Decrease truancy from school***

Howard Lake/Waverly/Winsted	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97
# and % of students who are truant 1 or more days from school								
Grades 1-3	0	--	--	--	--	0	--	3
Grades 4-6	2	--	--	--	--	1	--	2
Grades 7-12	9 (2%)	--	--	--	--	11 (2.5%)	--	15 (3.3%

Source of data: School district

Outcome: ***Improve school achievement***

	Students Scoring "Proficient" or Better on the MN Comprehensive Assessments	1997-98
Howard Lake	Math grade 3	NR
Waverly	Math grade 5	NR
Winsted	Reading grade 3	NR
	Reading grade 5	NR
	Writing grade 5	NR

Source of data: MN Department of Children, Families and Learning

Note: NR = Not Reported

	Students "Passing" the Basic Skills Tests	1995-96	1996-97	1997-98
Howard Lake	Math grade 8	69%	67%	78%
Waverly	Reading grade 8	57%	59%	67%
Winsted	Writing grade 10	--	--	--

Source of data: Minnesota Department of Children, Families and Learning

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Child Development and Child and Family Health

Outcome: ***Decrease percentage of infants who are born with health and environmental risks***

	1991	1992	1993	1994	1995	1996
# and % of children born at low birth weight						
Wright County	51 (4.2%)	40 (3.4%)	69 (5.9%)	--	--	66 (5.2%)
Statewide	3,339 (5.0%)	--	3,320 (5.2%)	--	--	3,715 (5.8%)
# and % of births to mothers with no prenatal care						
Wright County	--	20 (2.0%)	--	29 (2.4%)	--	--
Statewide	--	1,892 (3.4%)	--	1,864 (2.9%)	--	--

Source of data: Minnesota Planning, Children's Report Card

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Outcome: ***Decrease births to mothers younger than 18***

	1991	1992	1993	1994	1995	1996
# and % of births to mothers younger than 18						
Wright County	24 (2.0%)	27 (2.3%)	17 (1.4%)	--	--	35 (15.07%)
Statewide	1,890 (NA)	--	1,958 (3.0%)	--	--	2,019 (NA)

Source of data: Kids Count

Outcome: ***Improve immunization of children***

		1996 FY 96-97
Percentage of children receiving age-appropriate immunizations		
Howard Lake – Waverly Elementary	Up-to-date at 4 months	95.7%
	Up-to-date at 6 months	80.4%
	Up-to-date at 8 months	73.9%
	Up-to-date at 17 months	65.2%
	Up-to-date at 20 months	60.9%
	Up-to-date at 24 months	73.9%
Wright County	Up-to-date at 4 months	91.7%
	Up-to-date at 6 months	83.9%
	Up-to-date at 8 months	74.4%
	Up-to-date at 17 months	66.9%
	Up-to-date at 20 months	56.3%
	Up-to-date at 24 months	70.9%

Sources of data: MN Department of Health, Kindergarten Retrospective Survey

Outcome: ***Improve the developmental status of young children***

Howard Lake/Waverly/Winsted	1990 FY 1989-90	1991	1992	1993	1994	1995 FY 1994-95	1996 FY 1995-96	1997 FY 1996-97
# and % of children enrolled in early childhood education programs (ECFE)								
Howard Lake	55%	--	--	--	--	--	52%	--
Winsted	28%	--	--	--	--	--	52%	--
Howard Lake/Waverly/Winsted (consolidated)	--	--	--	--	--	--	--	60%
% of children whose developmental skills (social, motor, cognitive, language and communication) are in the normal ranges at preschool screening	--	--	--	--	--	92%	--	90%

Source of data: Public school district office

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Wright County Family Services Collaborative
Community: Delano
1998

Family Functioning

Outcome: ***Improve family functioning and family stability***

		1990 FY 1989-90	1991 FY 1990-91	1992 FY 1991-92	1993 FY 1992-93	1994 FY 1993-94	1995 FY 1994-95	1996 FY 1995-96	1997 FY 1996-97
Wright County	# and rate per 1000 of students in out-of-home placement	--	244 (NA)	267 (11.19)	293 (12.27)	--	--	350 (NA)	--
Delano	# and % of EBD children in grades 7-12 residing in out-of-home placement 1 or more days	7 (NA)	--	--	--	--	2 (NA)	--	16 (NA)

Source of data: School district office; Kids Count, Children's Report Card

Youth Development

Outcome: ***Decrease percentage of youth who report at-risk or negative behaviors***

Wright County	1991	1992	1993	1994	1995
# of youth arrested for violent crimes (% of all arrests)	2 (3.0%)	24 (27.9%)	22 (31.0%)	--	15 (28.3%)

Source of data: Minnesota Planning, Criminal Justice Center

Outcome: ***Improve self-reported protective factors and assets in youth***

	1992			1995		
Wright County	6th grade	9th grade	12th grade	6th grade	9th grade	12th grade
% of students reporting they spend one or more hours per week doing volunteer/community service	--	27.69%	20.25%	--	25.90%	30.20%

Source of data: Minnesota Department of Children, Families and Learning, Minnesota Student Survey

Delano	1990 FY 1989-90	1991	1992	1993	1994	1995 FY 1994-95	1996	1997 FY 1996-97
# of youth involved in intergenerational activities and/or community service activities								
Elementary	2	--	--	--	--	4	--	10
Middle School/Jr High	--	--	--	--	--	--	--	--
High School	--	--	--	--	--	--	--	--

Source of data: Public school district office

Performance indicators for which data are not available at this time:

- Average number of assets youth report are present in their lives
- Percentage of youth by grade level (grades 6-12) who report they spend 1 or more hours per week in volunteer work

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School Performance

Outcome: ***Improve the number and percentage of eligible students who graduate from high school***

		1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
# and % of students dropping out of school	**Delano**	NA (3.54%)	--	NA (1.74%)	--	NA (1.50%)	--	--
	Wright County	118 (1.8%)	--	132 (1.82%)	--	279 (3.5%)	--	--
	Statewide	11,491 (3.5%)	--	12,387 (3.4%)	--	15,701 (4.1%)	--	--

Outcome: ***Improve school achievement***

	Students Scoring "Proficient" or Better on the MN Comprehensive Assessments	1997-98
Delano	Math grade 3	NR
	Math grade 5	NR
	Reading grade 3	NR
	Reading grade 5	NR
	Writing grade 5	NR

Source of data: MN Department of Children, Families and Learning

Note: NR = Not Reported

	Students "Passing" the Basic Skills Tests	1995-96	1996-97	1997-97
Delano	Math grade 8	90%	84%	85%
	Reading grade 8	72%	63%	80%
	Writing grade 10	--	--	--

Source of data: Minnesota Department of Children, Families and Learning

Performance indicators for which data are not available at this time:

- Number and percentage of students who are truant one or more days from school

Child Development and Child and Family Physical and Mental Health

Outcome: ***Decrease percentage of infants who are born with health and environmental risks***

		1991	1992	1993	1994	1995	1996
# and % of children born at low birth weight	**Wright County**	51 (4.2%)	40 3.4%	69 (5.9%)	--	--	66 (5.2%)
	Statewide	3,339 (5.0%)	--	3,320 (5.2%)	--	--	3,715 (5.8%)
# and % of births to mothers with no prenatal care	**Wright County**	--	20 (2.0%)	--	29 (2.4%)	--	--
	Statewide	--	1,892 (3.4%)	--	1,864 (2.9%)	--	--

Source of data: Minnesota Planning, Children's Report Card

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Outcome: ***Decrease births to mothers younger than 18***

	1991	1992	1993	1994	1995	1996
# and % of births to mothers younger than 18						
Wright County	24	27	17	--	--	35
	(2.0%)	2.3%	(1.4%)			(15.07%)
Statewide	1,890		1,950	--	--	2,019
	(NA)	--	(NA)			(NA)

Source of data: Kids Count

Outcome: ***Improve immunization of children***

		1996 FY 96-97
Percentage of children receiving age-appropriate immunizations		
Delano Elementary	Up-to-date at 4 months	90.6%
	Up-to-date at 6 months	87.4%
	Up-to-date at 8 months	81.1%
	Up-to-date at 17 months	74.0%
	Up-to-date at 20 months	51.2%
	Up-to-date at 24 months	67.7%
Delano Catholic	Up-to-date at 4 months	100%
	Up-to-date at 6 months	92.9%
	Up-to-date at 8 months	92.9%
	Up-to-date at 17 months	78.6%
	Up-to-date at 20 months	64.3%
	Up-to-date at 24 months	85.7%
Wright County	Up-to-date at 4 months	91.7%
	Up-to-date at 6 months	83.9%
	Up-to-date at 8 months	74.4%
	Up-to-date at 17 months	66.9%
	Up-to-date at 20 months	56.3%
	Up-to-date at 24 months	70.9%

Sources of data: MN Department of Health, Kindergarten Retrospective Survey

Outcome: ***Improve the developmental status of young children***

Delano	1990 FY 1989-90	1991	1992	1993	1994	1995 FY 1994-95	1996	1997 FY 1996-97
# and % of children enrolled in early childhood education programs ECFE	50%	--	--	--	--	55%	--	60%
Head Start	0	--	--	--	--	17	--	17
Learning Readiness	--	--	--	--	--	--	--	--
Other types of programs	--	--	--	--	--	--	--	--
% of children whose developmental skills (social, motor, cognitive, language and communication) are in the normal ranges at preschool screening	95%	--	--	--	--	95%	--	95%

Source of data: Public school district office

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